mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

PHYSICIANS should state D. Every item of infor-

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 02	570
1. PLACE OF DEATH	100	11
County Baltimore	Registration Dist. No.	fair and
Village or City Fort Howard, Maryland (If	No. Station Hospital St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Samuel F. Ackley	If U.S. Yeteran specify WAR. World War	40 1000 we wood 000 °
(a) Residence: No. 2603 Alledale Road (Usual place of abode)	St, Ward. Baltimore, Maryland  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH March (Month) (Dey)	193. 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of Mary Ackley  Mary Ackley	22.   HEREBY CERTIFY, That I attended do March 8 ,1937, to March 18	, 193.7
6. DATE OF BIRTH (month, day, end yeer) unknown	I last saw h 1m alive on March 18 ,19 37;	deeth is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 6:30 m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Data of second
8 Trada profession or particular	Pneumonia, lobar (type unknown) all lobes right lung, lower lobe	Date of onset war. 7/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed last worked et this occupation (month and	left lung.	
10. Dete deceesed last worked et this occupetion (month and Retired spent in this occupetion grant)		
12. BIRTHPLACE (city or town) (State or country) Pennsylvania	Other Coutributory Causes of Importance: Emphysema, chest, chronic	unknown
13. NAME UNKNOWN		
14. BIRTHPLACE (city or town) unknown	Name of operation None Dete of	
(State of County) UTROOM	Whet test confirmed diagnosis? X-Ray Wes there an au	
15. MAIDEN NAME unknown  16. BIRTHPLACE (city or town) unknown  (State or country) unknown	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?	, 19
17. INFORMANT Station Hospital, (Address) Fort Howard, Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL  Plece Lational Com Dete Mar 22 , 1937	Manner of injury	
19. UNDERTAKER J. B. Wippert Class (Address) 1300 Entlandolace	24. Wes diseese or injury in eny way releted to occupation of decaased?	Cantino
20. FILED Mar 18, 1937 ly f All Comices M. Resistrar.	(Signad) J.A.CALDWELL.J	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_

Station Hospital Fort Howard, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	m/#/DII]_
Gallstones	May 1,1923	Gastroenteritis	1 year
		. /82	aller a h

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIAN	2	
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	00	4937	1
v 4	A. A.	1	1
	*40/-	2 /	1

N. B.-WRITE PL.

Jan de

V. S. No. 1

-WRITE PLACIY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
f inf	l st	COL	
o w	onle	000	1
ite	Sh	Jo	
very	ANS	ent	
E.	ICI	aten	
Q.	TAS	st	
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EN	TL	ied.	
IAN	AC	issit	
ERN	EX	cla	e.
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IIS	pe	pe	of c
LT.	pla	lay	ack
NK	sho	it n	q u
G I	GE	hat	ns c
NIC	F	so t	ctio
FAI	lied.	ms,	stru
S	ddn	ter	e in
LH	ly s	lain	Se
WI	eful	in p	ant.
LY,	car	TH	oort
3	b be	EA	im
PL	ould	FI	TION is very important. See instructions on back of certificate.
LE	n sh	E C	is
VRI	ation	AUS	NO
1	m	O	T

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02571
1. PLACE OF DEATH ,	
County Caltinore	Registration Dist. No. 3
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred Q 22-yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ham Balder	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) There was a series of the word)	21. DATE OF DEATH  3 (Month) (Day) (Tear)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Mellie E, alder	22. I HEREBY CERTIFY. Thet I attended deceesed from 3 - 2, 1937, to 3 - 2, 1937
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	I lest saw h see alive on 3 - 2 - 4 m.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:  Date of onset
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importance:  Ceratrial Hemosthey
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy? Date of
15. MAIDEN NAME Rachal Staron.  16. BIRTHPLACE (city or town).  (Stete or country)  17. INFORMANT.  18. B. acda.	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Willow Date Nagr. 79, 1937	Manner of injury
19. UNDERTAKER Wom - C. Bunda the (Address) Spander med	24. Was disease or injury in eny wey releted to occupetion of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Registrar.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	T - 1 - 1 - 1	The principal cause of death and related causes of importance were as follows:		
		1915	Attack of epilepsy	1 week-ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 0 1907	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		B   B   B   31			
				- A THE	

N. B.-WRITE PLA

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
HIS IS A PERMAN	be stated EXA	be properly classi	of certificate.
H UNFADING INK-TI	y supplied. AGE should	ain terms, so that it may	See instructions on back
-WRITE PLAINLY, WIT	mation should be carefull.	CAUSE OF DEATH in pl	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—C			CERTIFICATE		H 05	572		
County Baltimore				Registration Di	st. No. 35	2		
		near Pike		(If	No.  death occurred in a hospital or ins ds. How long In U.S.	stitution, give its NAME in	st., stand of street and s	Ward
2	. FULL NAME	James Th	eodore	Bailey .ngs Mills	If U. S. Vetera	an, specify WARLtimore o	none	••••••••
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE (	OF DEATH	
3. 5	Male 4. c	Colered	OR DIVORCE	RRIED, WIDOWED, ED (write the word) '1100	21. DATE OF DEATH	rch 3lst, (Month)	(Day)	, 193 7 (Yeer)
5a.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Bailey			22. I HEREBY CERT   FY, Thet   ettended deceased from 19				
6.	DATE OF BIRTH (month	, dey, and yeer)	June, 18	366.	I lest saw h alive on.		, 19	_; death is seid
7.	AGE Years 70	Months 9	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date s The PRINCIPAL CAUSE OF Di were as follows:			Date of onset
OCCUPATION	8. Trade, profession, kind of work d SAWYER, BOOI 9. Industry or busine work was done SAW MILL, BA	or particutar one, as SPINNER, KKEEPER, etc as in which , as SILK MILL,	laborer	•	broken back			
1000	10. Date decessed last this occupation year)	worked et 1934	11. Total spo	time (yeers) ent in this cupation				
12.	BIRTHPLACE (city or to (State or country)	Accomac	County	y, Vir.	Other Contributory Causes of i	mportance:		
83	13. NAME Jame	s Bailey,						-
FATHER	I 4. BIRTHPLACE (city (State or count	ry)	Vir.		Neme of operation Whet test confirmed diegnosis			
15. MAIDEN NAME Classia Bailey,  16. BIRTHPLACE (city or town)  (State or country)				23. If deeth wes due to externel Accident, suicide, or homicide: Where did injury occur?	causes (VIOLENCE) fill I accident <sub>Da</sub> ear Pikesy	n elso the following the of injury 3/5	31/ <sub>1</sub> 37.	
17. INFORMANT Nellie L. Jones. (Address) Owings Mills, P.O., Md.  18. BURIAL, CREWATION OR RAMOVAL Plece T. Markett Lan. Oete 4			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On public highway		te) ACE.			
				tured spin	le			
19.	UNOERTAKER (Address)	Trance	a Glo	emeley	24. Wes disease or injury in en	wey releted to occupati	on of deceased?	no
20.	20. FILED 4-1 , 1937 & C. McLiula Registrar.				(Signed) (Address)	Ken U	e nd	200

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Cotonsville, Md.

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied. N. B.-WRITE PLA

TION is very important. See instructions on back of certificate.

2	I. PLACE OF DEATH	JI WIAK		10720		
1	County Baltimore			Registration Dist. No.		
0-1177				No. Spring Grove St. Hosp. St.	Ward	
	Tillage of orty		(If	death occurred in a hospital or institution, give its NAME instead of street and no	umberl	
	Length of residanca in city or town whare	death occurrad	3 yrs. 3 mos	ds. How long In U.S. if of foreign birth?yrsmos	ds.	
:	2. FULL NAME William	n Bankard		If U. S. Veteran, specify WAR		
	(a) Residence: No. Spring Gratonsville, Md	rove State  (Usual place	Hospital	St., Ward.  If nonresident give city or town and S	State	
giamm	PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3.	sex 4. color or race white	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 12 (Month) (Day)	7 193	
5a	. If married, widowad, or divorced					
	HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended d November 3 384 m. to March 12	eceased from	
		1060	. /	im 1893, h 11 37	, 19	
-	DATE OF BIRTH (month, day, end yaar)	1862	1 1/1500 11-	l last saw hIMalive on	; death is said	
7.	AGE Years Months	Days	If LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
			ormin.	were es follows:	Oate of onset .	
NO	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Unknown		Broncho-pneumonia 3	8-37	
ATI	9-Industry or business in which			Senility		
J.	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Unknown				
OCCUPATION	10. Date decaasad last workad at this occupation (month and year)	spa	ime (yaars) ntin this ? upation			
	Maryl	and		Other Coutributory Causes of importanca:	12 12	
12	2. BIRTHPLACE (city or town)			Schizophrenia	1892	
2	13. NAME ? 12 13 MAN	leared	,			
FATHER	14. BIRTHPLACE (city or town) Bull	Unnex	med	Name of operation Date of		
FA	(Stata or country)	20.02.07.0.4		Whet test confirmed diagnosis? autopsy Was there an el		
ER	15. MAIDEN NAME ?	all all to be		23. If death was due to external causes (VIOLENCE) fill in also the following:	no	
15. MAIDEN NAME ?  16. BIRTHPLACE (city or town) - Culture - Country)  (State or country)  Julius Wright  17. INFORMANT (Addrass) 208 N. Hilton Street			V. mrs	Accidant, suicide, or homicida? Date of Injury, 19		
				(Specify city or town, county and State Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.	
				Spacity whather injury occurred in Industry, in nome, of in Poblic Place.		
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury				
Place aclose Pack. Date 3/15 / 19			19	- Nature of Injury		
19. UNDERTAKER 13. Washingt & Son			donal	24. Was disease or injury In any way related to occupetion of deceased?		
			~~~	If so, specify		
-	3/		-1	(Signed) Alan G. Clally	M. D.	
2	0. FILED, 19	THE	Remietrar	(Address) Spring Grov e State Host	pital	

V. S. No. 1

If more blanks are needed Address Jate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of import	tance:	1 year
			7 467	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY PHYSICIAN MAD
	22 1937

PERMANENT THIS

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods County Registration Dist. No. Village or City\_\_ (If death occurred in a pospital or institution, give its NAME instead of street and number) PHYSICIANS How fong in U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_\_mos... Length of residence in city or town where deeth occurred statement If U.S. Veteran, specify WAR (a) Residence: No. Washing (Usual place of abode If nunresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLORYOR RACE 5, SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Mdoth) (Dey) (Yeer classified. 5a. If married, widowed, or divorced HUSBAND of That I attended deceesed from (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, dev. end year) properly 7. AGE Months Days stated 1 dey .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence or .... min. Date of onset 8. Trede, profession, or particuler OCCUPATION kind of work done, es SPINNER. Jo SAWYER, BOOKKEEPER, etc., may back 9. Industry or business in which should work wes done, es SILK MILL. SAW MILL, BANK, etc .... on 10. Dete deceesed last worked at 11. Totel time (yeers) this occupation (month and spent in this that occupetion .... instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (Stete or country) carefully What test confirmed diegnosis?. ----- Was there en autopsy?\_ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in elso the following: in Accident, suicide, or homicide?\_\_\_\_\_ Dete of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (Stete or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous (Address) OF 18. BURIAL CREMATION. Manner of injury rion is CAUSE mation Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:		

PHYSICIANS should state

stated EXACTLY. be properly classified.

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLA

TION is very important.

See instructions on back of certificate.

of OCCUPA.

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	I FLACE O	FULAIR								
	County]	Baltimore						Registratio	n Dist. No	32
	Village or (	city Broo	klandvi	lle		No			St	Ward
	Lameth of an	lands to state out		152			ed in a hospital or ins	THE RESERVE OF THE PROPERTY OF	ME instead of street	t and number)
				occurred	yrsmos	sas.	How long in U.S.	if of foreign birth/	yrs	mosds.
	2. FULL NA	ME Sooh					If U. S. Vetera	n, specify WAR		***************************************
	(a) Resider	ice: No. B	rooklan			St.,	Ward.			
				(Usual place					nt give city or tow	
		AL AND ST						CERTIFICAT	E OF DEAT	Н
	SEX Female	4. COLOR OR R			RIED, WIDOWED, D (write the word)	21. DAT	E OF DEATH	rch 22	(Dev)	, 193_7
-	If married, widow HUSBAND of (or) WIFE of					22.		Y CERTII	FY, That I ette	ended deceased from
										rd, 19_37.
-		(month, dey, and ye		-		_ [				37; deeth is said
	AGE Yes	ars N	fonths	Deys	If LESS then 1 day,hrs.	to have occurred on the date steted above, et 2.15. P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance				
	about 90				ormin.	were as fo		AIH and releted ce	uses of importance	Oate of onset
NO	8. Trade, profe	sslon, or perticuler work done, as SPIN , BDOKKEEPER, etc	NNER, Dat	ired a	nomet roce					
AT.						Senility Arterio-Sclerosis				
UP/	Work wa	business in which is done, as SILK MI LL, BANK, etc	ILL, Makin	g dress	ses	Arte	110-201e10	7518		
OCCUPATION	10. Dete deceas	ed last worked et palion (month and		11. Total t	ime (yeers) nlin thitife upation Life					
12	BIRTHPLACE (c) (State or cou		Mary			3	one	*	•	
R	13 NAME C	eorge Bel	1							
FATHER		0		3			peretion None			
FA		E (city or town)	trelan	α		- 1	•			e of
2	15. MAIDEN NA		Prome							
MOTHER				۵			was due to external			
MO	16. BIRTHPLACE	E (city or town)	Tugian	<u>a</u>					_ Date of injury	, 19
	(0.000		7 3/			11-15-11	injury occur?	(Specify city	or town, county an	d State)
17	INFORMANT		lara Ma			- Specify with	hether injury occurred	d in industry, in i	ADME, OF IN PUBLI	IC PLACE.
(Address) Brooklandville, Md.  18. BURIAL, CREMATION, DR REMOVAL			Manneral							
				ete Mar	ch 24 <sub>,19</sub> 37	Manner of Nature of i	injuryinjury			
19	UNDERTAKER (Address)	John Bu Towson,	rns & S Maryla	ons nd		24. Was disc	eese or injury in en	way related to occi	upation of deceese	<sub>d?</sub> No
20.	FILED MOSS	Λ	6.1	Me	choff Registrar.	(Signe	ed) (Address)	resville.	md	M. D.

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Example I	7 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Chronic interstitiat nephritis				
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
mages they make your person agreement a prolonger of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			and the contract of	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

ATE OF MARYLAND—CERTIFICATE OF DEATH	02576
170	11.4

1. PLACE OF DEATH	17
County Battyry	Registration Dist. No. 44
Village or City Chase	No. St, Ward
10	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1.7yrs,mos	ds. How long in U.S. N of foreign birth?yrs,mosds.
2. FULL NAME John Idam 12	esq. Er
(a) Residence: No. (A Caual place of abode) Will	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Furite the word) Survey	21. DATE OF DEATH Max 3, 193 7, (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Que 28 1904	I last saw hand elive on War 3 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5.20 Pm.
32 6 3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular	P. A. J. D. Date of Office
kind of work done, as SPINNER, KOWA	Money is Welfshalen 1920
9. Industry or business in which work was done, as SILK MILL,	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Totel time (years) spent in this occupation	Brusto-Municorne -
year) — wesupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary lews (State or country)	
13. NAME TENNIK Boregan	
13. NAME VELLY (12029 2)  14. BIRTHPLACE (city or town) - G - BIMONIM	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Way a Mileller  16. BIRTHPLACE (city er town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Sully Mid	Specify whether injory occurred in IMDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Turnely Celeno. Date 3/6,193/	Nature of injury
19. UNDERTAKER John G. Commelly	24. Was disease or injury in ony way related to occupation of deceased?
(Address) tesser myd.	If so, specify
20, FILED 3/5 1937 John G. Connelly	(Signed) M. D. M. D.
Registrat	(Address) Lagewith, Wa

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
Arterioselerosis (	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 7 1037	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02577
1. PLACE OF DEATH	[3]
County Sallinor	Registration Dist. No. 30
Village or City fratorenllo	No. 9 Ollies are St., Wal
Length of residence in city or town where death occurred 30 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles De Payenne	Bersie
(a) Residence: No. 9 Delrey Gre.	St., Ward.
(Ustraiplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Where 5. SINGLE, MARRIED, WIDOWED, OR DEVERCED (write the word)	21. DATE OF DEATH Narch 22 193 (Month) (Oay) (Yéer)
5e. If married, widowed, or divoced HUSBAND of (or) WIFE of	22. AN HEREBY CERTIFY, That I attended deceesed from 17 ,1936, to Mar 22 ,193
6. DATE OF BIRTH (month, day, and wash 24 1865	I lest saw h emalive on Man 22 , 1937; deeth is sa
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date steted ebove, et
Servede, profession, or perticular kind of work done, es SPINNED AND SAWYER, BOOKKEEPER, etc. Paullusta Steatus	Chr Inter of Frax rephritis 1990
kind of work done, es SPINNED SAWYER, BOOKKEPER, etc.  9. ladustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	arterco Daleronia ?
10. Oate deceased last worked et this occupetion (month and 930 spent in this 04% occupetion)	
12. BIRTHPLACE (city or toyn) Mary Lacel	Other Coutributery Causes of importence:
(Stete or country)	
13. NAME Jane Sugai	line
I4. BIRTHPLACE (city or town)	What test confirmed diegnosis? Class Fassor Supporter en autopsy?
15. MAIDEN NAME Colemney Relso	23. If deeth wes due to externel couses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Chardo P. Beyae	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plecy redow for pete Marias, 193)	Nature of Injury
19. UNDERTAKER Eastow Sous (Address) Elico Helly	24. Wes disease or Injury In eny wey releted to occupetion of deccesed?
20, FILEO 3/2 4 , 19.37 State Registrar.	(Signed) La Louvelle M

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[]	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

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E PLAINLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of i	should be carefully supplied. AGE should be stated EXACTLYPHYSICIANS should	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	s very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. Langth of residanca in city or town where death occurred. I muan If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) if LESS than to have occurred on the date statad abova, at. 7. AGE Months Days 1 day ....hrs. 2 or ..... min. 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 11. Total time (yaars)
spent in this
occupation 10. Date decaased last worked at this occupation (month and 12. BIRTHPLACE (city or town) (Stata or country) FATHER 14. BIRTHPLACE (city or town) (Stata or country) MOTHER 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stata or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION. OR REMOVAL Manner of injury Nature of injury. If so, specify

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	ii maaa	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SIACE	ron	FURTHER	STATEMENTS	DI	PHISICIAL

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(191)	
County Daglo.	Registration Dist. No. 30	
Village or City Edeu Herrace		Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Victor A. Bloede	If U. S. Veteran, specify WAR	
(a) Residence: No. Eden Gerrace-Cuton	sulle: Ward.	
(Usualplace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  ORDIVORCED (write the word)	21. DATE OF DEATH Way. 27, 1937 (Month) (Day) (Yes	er)
5a. If married, widover or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased	from
(or) WIFE of Class 3. The ocal	agail 1935- 10 March -27, 19.	
6. DATE OF BIRTH (month, day, and year) War. 14, 1849	I fast saw him alive on March 27 , 1937; death 1	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3m.	
88 0 13 1 day,	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	
_ 18 Trade, profession, or particular _ 01 / · V	Uraconsa Data of	
8. Trade, profession, or particular kind of work done, as SPINNER, Mar. Chemit		13
kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)		
Snerden	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)	Chronic Haplaritis 104	no.
13. NAME As. Nurtar Blodde		
14. BIRTHPLACE (city or town)	Name of operation 21.0 Date of	
(State or country)	What test confirmed diagnosis? Laborational Was there an autopsy? Was there an autopsy?	No
# 15. MAIOEN NAME (Myliaure)	23. If death was due to external causes (VIOLENCE) filf in also the following:	•
15. MAIOEN NAME CHICAGON 16. BIRTHPLACE (city or town) Chicagon	Accident, suicide, or homicide?	
State or country)	Where did injury occur?	
17. INFORMANT/ GCarl S. Blocke	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Eden Berrace-	•••	
18. BURIAL, CRÉMATION, OR REMOVAL  Place Lot raine Compate May 2 9193	Manner of injury	
Prince Paris (1997)	Neture of injury	
19. UNDERTAKER ON VICTURE TO ONS	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Worth & Paraces.	If so, specify	
20. FILED 21, 19 Registrar.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. D.
1 Of YUMANA	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows E V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PR 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

te on a hope

2. Jos. W. K

V. S. No. 1

STATE OF MARY	AND-CERTIFIC	ATE OF DEATH
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02580

1. PLACE OF DEATH	(3)
County Baltiere as	Registration Dist. No. 38
Village or City Carpaille	No So J Marefatta Parades, W. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town whare death occurradyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME / foregand . (1)	True local If U. S. Veteran, specify WAR
(a) Residence: No. 830 of Otacford (Usad) place of abode)	Read St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
S. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR, DIVORCED (write to	e word) ————————————————————————————————————
ia. If married, widowed, or divorced	(Month) (Bay) (Year
(or) WIFE of flanca Burn for	22. I HEREBY CERTIFY, That I attended decaasad 19.36 to May 29 193
DATE OF BIRTH (month, day, and year) 2-13-184	9 I last saw hom alive on Musch 29, 1937; death is
. AGE Yaars Months Days If L 1 day,	SS than to heve occurred on the data stated above, at 7.40 C.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	_min.
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	Chronic interstitist by
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nelshritis
kind of work dona, as SPINNER, SAWYER, BDDKKEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date daceased last worked at this occupation (month and spent in this	Chronic myseardilis
year) occupation	Other Contributory Causes of Importance:
IZ. BIRTHPLACE (city or town)	
(State or country)	
13. NAME / Thomas Bourboy	
14, BIRTHPLACE (city or town)	Nama of oparetion
(State of County)	What test confirmad diagnosis? Was there en autopsy?
15. MAIDEN NAME centrour	23. If daefir was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) (luca	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT CAUCHT (Address) 8.304 (Hand Ford Property)	Spacify whather Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place VITh Wood Cery, Q Date 4- 2.	., 19.37 Nature of Injury
open of B. H. phast & Son	24. Was diseese or injury in any way ralated to occupation of deceased?
19 (NOERTAKER) Bull to Care (Address) Boo Entone Plan	If so, specify
20 FILED 3/3/ 1937 a. M. Baco	es (Signed) Quyl Bacon
	egistrar. (Address) Garszwille, Mal.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

N. B.—WRITE PLAINLY

V. S. No. 1

	-WRITE PLATNLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	Wayye W
	S IS A PERMANENT	e stated EXACTLY	e properly classified.	f certificate.
•	ITH UNFADING INK-THE	lly supplied. AGE should be	plain terms, so that it may be	TION is very important. See instructions on back of certificate.
^).	-WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

STATE OF MARYLAND	O-CERTIFICATE OF DEATH 0258
1. PLACE OF DEATH	9 711
County Balto	Registration Dist. No. 3.7
Village or City www Trenton	No. St., W.  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death oocurredyrs	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Dorotty Regima	Booley
(a) Residence: No.	St., Ward.
(Usualpiace of ahode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  S. SEX 4. COLOR OR RACE   5. SINGLE MARRIED WIDOW	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the wo	
	(Month) (Oay) Year
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed
(vi) mile vi	Feb 28 1937 to Friel 1 198
DATE OF BIRTH (month, day, and year) Oct. 1319 35.	I lest saw how alive on most 1 1987; death for
AGE Years Months Deys If LESS t	
4 18 ormi	I I I I I KRIVLITAL CAUSE OF DEATH BITG FEIGURG CAUSES OF IMPORTANCE
8. Trade, profession, or particular kind of work done, as SPINNER.	Dufluenzal Broncho Freumone
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	<u>0</u>
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or bosiness in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at	
10. Data deceased last worked at this occupation (month and spant in this	
year) occupation	
2. BIRTHPLACE (city or town) ner Frenton Inc	Other Coutributory Causes of importance:
(State or country)	_ wholing longh
13. NAME Leroy Elworth Bosley 14. BIRTHPLACE (city or town) Balto, Co. Pad,	
14. BIRTHPLACE (city or town) Balta. Co gad,	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME Mable Emma Frage 16. BIRTHPLACE (city or town). Balto Co. 2nd.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Ralto Co. Ind.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Family - Upperson Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 911 3/2 - 711 Oate 3/2 19	Nature of injury
19. UNDERTAKER Edward Q. Lifeton	24. Wes disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20, FILED 3-1- 1937 DT. S. G. Footh	(Signed) Outil & Toroble
Registr	ar. (Address) Defifelier Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial n	ephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	17 L V L 1 8 - W	July 5,1927	Peritonitis	3 days ago	
	MAR 8 1997				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones	* 1 - Commission de quantité débiguération de la commandant de la général de la commandant	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ESERVED FOR BINDING INK—THIS IS A PERMANENT RECORD. Every item of infor- iE should be stated EXACTLY. PHYSICIANS should state at it may be properly classified. Exact statement of OCCUPA.
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ESERVED FOR BINDING INK—THIS IS A PERMANEN E should be stated EXACT at it may be properly classified.
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ESERVED FOR BIINK—THIS IS A PERE should be stated E at it may be properly

STATE OF MARYLAND—CERTIFICATE OF DEATH 02582 1. PLACE OF DEATH (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS tha 7. AGE Years Months Days 1 day,\_\_\_\_ or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ..... See instruction 12. BIRTHPLACE (city or town) supplied. (State or country) in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ... (State or country) OF (Address) 19. UNDERTAKER (Address) Registra

	(II-a)
	Registration Dist. No.
	NoSt.,Ward
(If mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
er	If U. S. Veteran, specify WAR
	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
25	21. DATE OF DEATH 1/. /
	Mcly 1/8 193 7
2	(Month) (Day) (Yéar)
II.	22. I HEREBY CERTIFY. That i attended deceased from
	Mele 1s , 19 37, to hed 14 , 1937
	I last saw h land alive on Will 11 1927; death is said
n	to have occurred on the date stated above, atGm.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
	Date of onset
	Bounday (neumena heel)
	Other Contributary Causes of importance:
_	ba Trip
	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy? Lo
	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?
	Where did injury occur?
	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
37	Manner of Injury
2./	Nature of Injury
	24. Was disease or injury in any way related to occupation of deceased? 211
	If so, specify
	(Signed) I Kurs we Delater M. D.
r.	(Address)

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Example I		Example II		
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Arteriosclerosis APR 7 1937	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	PA-	1
	of in	ald s	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	7
1	tem	shor	0 Jo	
	ery i	NS	ent	
	. Ev	ICIA	tem	
	ORD	HYS	t st	
	REC	ь.	Exac	
	LL	LY		
	NE	CT	sifie	
	RM	XX	clas	
	\ PE	ed E	erly	Acate
	IS	state	prop	prtif
	HIS	pe	pe	of
	J	pluo	may	hack
	INK	E sh	it it	uo
	ING	AG	o tha	tione
	FAD	ied.	ns, s	truc
1	N <sub>D</sub>	lddn	tern	e ins
	TH	lly s	plain	V.
	, WI	refu	in l	fant
	NLY	se ca	ATH	vary important See instructions on back of certificate
	LA	uld k	DE	PV in
	D	Ho	OF	VO

MOTHER

very

16. BIRTHPLACE (city or town) (State or country)

(Address)

19. UNDERTAKER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02583
1. PLACE OF DEATH	(82-ay
County Bultimore	Registration Dist. No. 30
	No Old Frederick Ry. St Ward
Village or City Calousulle	
Length of residence in city or town where death occurred 10 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME TYPICAL SUVEUSOW	Bown If U. S. Veteran, specify WAR Warles War
(a) Residence: No. Old Freelevist Rd.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR, RACE OR THOUGHT (write the word)	21. DATE OF DEATH May, 25 , 193 7 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Corp.  (or) WIFE of Corp.  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.	22. I HEREBY CERTIFY. Thet i attended deceased from  Och 28 , 1936, to march 45, 1937.  I last saw have elive on heareh 45, 1937; death is said to have occurred on the date stated above, at 11.45 h.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, Louise Paulium SAWYER, BOOKKEEPER, etc. S. Louise Paulium SAWYER, BOOKKEEPER, etc. S. Louise Paulium Work was done, as SILK MILL, SAW MILL, BANK, etc.	were as follows: Caralral Heurenhage Date of onset Lau 7-37
10. Data deceased last worked at this occupation (month apply year)  11. Total time (year) spent to this occupation (month apply year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mulling (Co	
(State or country) mary lavey.	artères selenosin luch
13. NAME auces J. Bowers.	Name of operation
(State or country)  14. BIRTHPLACE (city or town)  (State or country)  Mary Collect	What test confirmed diagnosis? Planaged Was there an autonsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of injury \_\_\_\_\_ 19.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury\_\_\_\_\_ 24. Was disease or injury In any way related to occupation of deceased?\_

If so, specify (Signed)\_ (Addrass) Catorine

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02584

1	L. PLACE O	F DEA	TH			933	
	County	BAI	TIMORE.			Registration Dist. No. 30	
			TONSVII	LE, Ede:	n Terrace 6 yrs mos	No. Woodlawn Ave. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.	
2	. FULL NA	ME: C	HARLES.	a.d.BRI	NK	If U. S. Veteran, specify WAR	
			WOODLAY			St.,Ward.  If nonresident give city or town and State	
	PERSO	VAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wood owed				OR DIVORCE	D (write the word)	21. DATE OF DEATH  (Month) (Oay) (Yéer)	-
5a.	If married, wido HUSBANO of (or) WIFE of			SCHLEN	5	22. I HEREBY CERTIFY. That I attended deceased from  Light 1936, to March 14, 1937.	n -
6.	DATE OF BIRTH	(month, da	y, and year) Ju	me 16.	1866	I last saw hat alive on ward 13 , 195); deeth is said	t
7	AGE Ye	ars 70	Months 8	Days 28	If LESS than I day,hrs. ormin.	to have occurred on the dete stated above, at	
OCCUPATION	10. Oate decea this occ year) _	as done, as i LL, BANK, sed last wo upation (mo	SILK MILL, etc rked at	-000	ime (years) nt in this 15 yrain	Other Coutributory Causes of importance:	
ER	13. NAME	HEN	RY BRIN	1K		January Januar	-
FATHER		E (city or to r country)	own) GEF	RMANY		Name of operation Oate of What test confirmed diagnosis? Physical Was there an autopsy?	
HER	15. MAIOEN N	AME LO	uise W]	IID		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	(State o	r country)			MORE-MD.	Accident, suicide, or homicide?	-
	. INFORMANT (Address) . BURIAL, CREMA Place (G)	Cato	REMOVAL	Eden	Terrace	Manner of injury	
19	. UNDERTAKER	John 1900	VOV	litch	ell Hou	24. Was disease or Injury In any way related to occupation of deceased?	-
20.	FILED Ma	ral 15	19.37 hr	aishalo!	3 Ureal Registrar.	(Signed) Marshale B West M. E. (Address) Inglesid Calourarelle	).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
100 9 1097	1915	Attack of epilepsy	1 week ago
hritis	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
auses of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1937 hritis	auses of importance:	hritis  1921  Run over by street car  July 5, 1927  Peritonitis  auses of importance:  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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RGIN RI	
RG	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02585
County Callinote	Registration Dist. No. 31
Village or City Woodlawn	No. St., Ward death occurred in a harpital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Veter V. Broaks	If U. S. Veteran, specify WAR
(a) Residence: No Loquood Ram Selmont	
(Usual place of abode)	If nonresident give city or town and State
	21. DATE OF DEATH
Male White OR DIVOLED (write the word)	(Month) (Day) (Year)
5a. If married, widowed or divorced	
(or) WIFE of Cinguilla Nelena Troofs.	22. I HEREBY CERTIFY. That I ettended deceased from march 4 1937 to march 3 1937
6. DATE OF BIRTH (month day, and yeer) June 8 1850	I last saw h march 4 , 19-3); death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 14.54.m.
86 0 00 00 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade, profession, or particular kind of work done, as SPINNER,	(Brouchs fulumonia mas)
9. Industry or business in which	<u> </u>
work was done, es SILK MILL, SAW MILL, BANK, etc	
	Other Contributory Causes of importance:
141 () 4	Grober Constantin
	Survey Correspondence
T A BIRTURI ACT (silver town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Chicural	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State progen)ry) / Thermany	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAULES A. GOOD COURS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAL	Manner of injury
Place Paris Clin Date Mai - 08 , 193	Nature of Injury
19. UNDERTAKER WM Hickory Rons	24. Was disease or injury in any way related to occupation of deceased?
(Address) North & Pa aves.	If so, specify O A
20. FILED Max 2 1932 Won & martin	(Signed) M. D. (Address Paudalls In 1977)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	1. PLACE OF DEATH  County Dallimore  Village or City Wordlaws  Length of residence in city of town where death occurrent 12 yrs mos.  2. FULL NAME  (a) Residence: No DAWOODLAW WORLD WILL DAWN Cluster of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DOWN WORLD

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage V. 5.	July 5, 1927	Peritonitis	3 days ago
A Residence of the second seco	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Here the second

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important. V. S. No. 1 N. B. 

STATE OF MARYLAND—	CERTIFICATE OF DEATH 025	388
1. PLACE OF DEATH		00
County Bullinors	Registration Dist. No. 33	207
Village or City Howblesburg	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Devryz a Burk	g Divin	
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
or Divorced (write the word)	mar 10 (Month) (Day)	193_7
ia. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended do	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended do	19.3.7
5. DATE OF BIRTH (month, day, and year) See 23 -1877	Hast saw him alive on dead mar 10, 1937;	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 & Cm.	
59 2 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	nere es ronows.	Date of onset
kind of work done, as SPINNER, Hanner SAWYER, BOOKKEEPER, etc.	Fractured Shull	3/10/37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  7. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	", Rt. Fore arm	3/10/37
SAW MILL, BANK, etc	" " Elavielo	3/18/37
this occupation (month and (13) spant in this year)	1) 11 October	3/10/37
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)	none;	
13. NAME GOOGS N. H. Brown		
- Congarino	hand have	4-00
(State or country)	Name of operation Date of Date of What test confirmed diagnosis? Examination was there an au	none
15. MAIDEN NAME Mary 2 Sill	23. If death was due to external causes (VIOL ENCE) fill in also the following:	opsyr
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury 3 /10	19.3.7
(State or country) Many Land	Where did injury occur? Hanous KA - Towbles (Specify city or town, county and State)	
17. INFORMANT Chury Brown (Address) IF market story	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Strucky by trucky	
Mounty andia Date 3 - 13, 193/	Nature of injury multiple Fractures	
19. UNDERTAKER & Levard affilia	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Lewbater this	If so, specify no I. Edward Mylis acting	Coroner
20. FILED Nul (1 , 1937 Run Press	(Signed) D. D. Caples	
Registrar.	(Address) Reistertawn, In	sd.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E la company de la company		3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
		_ ~ ~				A AL E DECIZION

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Botto ac	Registration Dist. No.
County Dallsmore	
Village or City Colgemese	ND Sass no Atom (St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John morres Carmo	eck If U. S. Veteran, specify WAR
(a) Residence: No. There ou Point Rd	St., Ward,
(Usual place of abode)	. If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word)	21. DATE OF DEATH  Max  (Month)  (Day)  (Year)
5a. If metried, widowed, or divorced  HUSBAND of  (or) WIFE of	22. I HEREBY CERTIFY, That lasttended decessed from
(or) W1FE of	Jab 28 ,19.37, 10, March 149, 19.27
6. DATE OF BIRTH (month, day, end year) Man 25 1936	I last saw h _ elive on Much 14 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
9 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Commonion (Bronds) Feb 18
SAWYER, BOOKKEEPER, etc	-
work was done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
year) occupation	Other Coutributory Capses of importante;
12. BIRTHPLACE (city or town) Edgemere	Orleanning Ceryle New 7
(State or country)	
13. NAME John M Carmack	
14. BIRTHPKACE (city or town) Term.	Neme of operation Dete of
1 (Otate of Country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Justice B. Miller	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME (Spice B) Miller  16. BIRTHPLACE (bity or town) Edgemene  (State or country)	Accident, suicide, or homicide?Dete of injury19
State or country) md	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTOS John In Carmack	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Shusson Point Rd.  18. BURIAL, CREMATION, OR REMOVAL	
The Tries at German husted Date mar 16 1937	Manner of injury
Evangelical thurch Cemeter	- Nature of injury
2.1.	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER July Wenny	1 14 14
19. UNDERTAKER JULIAN TO THE ST	If so, specify (Signed) Fausth le Ellsel

RGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1937			
Other contributory causes of importance:. 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD. Every item of infor-

should state of OCCUPA.

PHYSICIANS Exact statement

classified.

properly

AGE should be

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

so that it may

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH - 93°C Baltimore

County							
/ Village or	City Catonsvi	T TA	Clé	No. Spring Grove State Hospital St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of re	sidence in city or town whare	daeth occurred	yrs7mos	19_ds. How long in U.S. if of foraign birth?yrs	mosds.		
2. FULL N	ME Mary Emily	, Chappel	ear	If U. S. Veteran, specify WAR	es Co		
(a) Reside	ence: No. Hugh	OSVILLE . I	Mar / land.	St., Ward. Hughesville, Marylar if nonresident give city or town as	1d.		
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Female	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH March (Month) (Day)	, 193_7 (Yaer)		
5a. If married, wide HUSBAND of (or) WIFE of	George J. (	Chappelea	r	22. I HEREBY CERTIFY, That I attende July 29 ,1926 , to March 17,			
6. DATE OF BIRTH	(month, day, and yaer) Al	ugust 3,	1869.	i last sew har alive on March 17 19 37			
	ears Months	Days	If LESS than	to have occurred on the date stated above, et 5:15. 2m.			
	67 7 Tession, or particular	14	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
kind of	work done, es SPINNER, R, BOOKKEEPER, etc	Housewi	fe	Arterio sclerosis	Prior		
9. industry of	business in which es dona, as SILK MILL, ILL, BANK, etc	TI ama		Chronic myocarditis	7-0-7-		
O this occ	sad last worked at upation (month and 1930	11. Total t spe occ	time (yaars) ent in this upetion Life				
12. BIRTHPLACE (	city or town)			Othar Contributory Causes of importance:	Design		
(State or co	untry) Charle:	s County,	Md.	Senility	7/29/3		
13. NAME	Mont	gonary					
4 14. BIRTHPLA	CE (city or town)Unko or country)	awon		Name of operation None Date of What test confirmed diagnosis? Clinical Was there are			
15. MAIDEN N	AME Unkno	n		23. If death was due to externel ceuses (VIOLENCE) fill in also the follow			
	CE (city or town) Unk	nown		Accident, suicide, or homicide?			
17. INFORMANT S	oring Grove Sta Catonsville, M		records.	Where did injury occur? (Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	PLACE.		
18. BURIAL, CREM	TION, OR REMOVAL	Date 3	119 1937	Menner of Injury			
19. UNDERTAKER (Addrass)	Thy he mit	Il Se	ufe	24. Was disease or injury in any wey related to occupation of deceased?			
20. FILED. 3/	P 19 34	Lohn	dung	(Signed) Chas. K. Achand	М. Г		

needed, addrey State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



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Chronic interstitial nephritis PP 2 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1.49/	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02589
1. PLACE OF DEATH	930
County Dal unive	Registration Dist. No.
Village or City Sterrey sury Mg.	NoSt., Ward
(If Length of rasidence in city or town where death occurred 2 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Thashington Bucken an Ch	en weth U. S. Veteran, specify WAR
(a) Residence: No. Hill stide Road.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WHOWED, OR DIVORCED (write the word) Marie de la color of the col	21. DATE OF DEATH  [Month]  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Mary Matilda Keller (or) WIFE-of Mary Matilda Keller	22. I HEREBY CERTIFY, That I attanded dacaased from August 1 1936 to Meh 23 1937
6. DATE OF BIRTH (month, pay, and year) hore. 8, 18 6	I last saw h. 44 alive on wareh 23 , 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated ebova, at 7.36 P.m.
70 4 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, A armer SAWYER, BOOKKEEPER, etc.	Cheme Myorndeles
Hindustry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	<i>[ ]</i>
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation cocupation	<u></u>
12. BIRTHPLACE (city or town) Balto. Co.	Other Contributory Causes of Importance:
(Stata or country) Md.	Nallis dellesso
14. BIRTHPLACE (city or (town) Balts Cv.	Solver Hay Des Trees
14. BIRTHPLACE (city or town) Bath Co.	Name of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ruth Moran.	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ruth Moray.  16. BIRTHPLACE (city or town) Conf Jones.  (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Washington Chenwivelly (Address)	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place St. J. Strom as Compare March 25, 19 37	Menner of Injury
19. UNDERTAKER Um. Bergeman & Suns. (Address) Reixters thin md.	24. Was disaasa or injury In any way ralated to occupation of deceased?
20. FILED Mel 74, 1937 Ebluchal, Registrar.	(Signed) 6 9 Methods M. D. (Addrass) Para will a way.
	75-100-100-02

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	1 20
The principal cause of deat of importance were as tellor Arteriosclerosis		1/2	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	0 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR & 1991	July 5,1927	Peritonitis	3 days ago
	SUREAU Y. S.		The second secon	
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		Non-Land of the Land of the La		
	4-4			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12531)
1. PLACE OF DEATH	<u> </u>
/ County Dallinois	Registration Dist. No. 30
Village or City Olla	No Tock Havey WE St., Ward
Length of residence in city or town where death occurred 3 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Franklin 6. Cla	
(a) Residence: No Nork Haven ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR VIVORCED (write 106 word)	21. DATE OF DEATH May, 27 (Month) (Day) 193 7 (Yelr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May. 25 1965	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
32 - I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Pestal Shat wound Seft Head
SAWYER, BOOKKEEPER, etc.	1 meh over land
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	OX: MA INSAIN
10. Date deceased last worked at this occupation (month and 36 spent in this occupation)	THE SKING OF THE SECOND STATES
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance Office.
(State or country) / ary law	11,000
13. NAME Transley & Clark  14. BIRTHPLACE (city or town) Savage  (State or country)	
14. BIRTHPLACE (city or town).	Name of operation Date of
	What test confirmed diagnosis? Hull was there an autopsy? Was there an autopsy?
E 300 X-0-	23. If deeth was due to external couses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Where did injury occur? his home
17. INFORMANT Franklin E. Clark (Address) Ella in Holt	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR DEMOVAL Cecu Date May 30, 19 37	Manner of injury Pestal Shot wound self head  Nature of injury Pestal Shot wound of fail Head
19. UNDERTAKER Eastoy Sous	24. Was disease or Injury In any way related to occupation of decaasad.
20. FILED march 29, 1937 marshale 13 West	(Signed) Mayhala B west M. D.  (Address) Calounelle had
Kegurar,	- (100100)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	h.	dies 36.	Example II		
The principal cause of of importance were as	death and related	l tauses[	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	APR 2	1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	his	2001	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	V. 5.	July 5,1927	Peritonitis	3 days ago	
Other contributers con	6:					
Other contributory causes of importance:  Gallstones			May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

BINDING

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1000	July 5,1927	Peritonitis	3 days ago
RE REAU V. 5.	·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH 02592

1. PLACE OF DEATH  County Baltimore County  Village or City Catonsville  Length of residence in city or town where death occurred 7 yrs. 6 mos.							12:0			
							Registration Dist. No. 40			
						(If yrs. 6 mos	No. Spring Grove State Hospitalst., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
2	. FULL NA	ME F	rank J.	Con	nolly		If U. S. Veteran, specify WAR NO.			
			11 S. Li	nwo		•	St., Ward.  If nonresident give city or town and	l State		
	PERSON	IAL AN	D STATIST	ICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. S	Male	4. COLO	R OR RACE White			IED, WIDOWED, (write the word)	21. DATE OF DEATH 6 (Month) (Day)	, 193_37 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Malone						WE S	22. I HEREBY CERTIFY, That I attended August 12 19 36 to March 6	deceased from		
				. אוריו	16, 1	864	lest saw him alive on March 6 19 3			
6. I	OATE OF BIRTH AGE Yes 72		Months	Į.	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7:45 p.m.	; death is said		
z	2 Trade profession or particular					ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Arterio sclerosis,  Chronic valvular disease.	Prior t 8/12/36		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  Mary I and					11. Total tin spen occup	ne (years) tin this	Other Contributory Causes of importance: Senility	Prior 8/12/3		
ER	(State or cou	nu y /			onnoll	y		0/12/0		
FATH	14. BIRTHPLAC (State o	(city or to	ewn)	Ire	land		Name of operation NONE Date of What test confirmed diagnosis? Clinical Was there en			
ER	15. MAIDEN NA	ME	Mary V	Vald	ren		23. If death was due to external causes (VIOLENCE) fill in also the followin			
MOTHER		E (city or to r country)	wn)II	ela	nd		Accident, suicide, or homicide? Date of Injury  Where did Injury occur? (Specify city or town, county and Sta			
17.	INFORMANT	Spring Ca	g Grove S tonsvill	stat	e Hosp	· records	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PI	ÄCE.		
18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral  19. UNDERTAKER John A- Trans (Address) 2600 C. Balto bt.					te man	10 ,1907	Manner of injury			
					an alto	b+.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	No.		
20.	FILED 3/	2	19.3	10	hud	Registrar.	(Signed) Chas. A. Jehons (Address) Catons ville, Maryland	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

UF	DEATH	0403

1.	PLACE OF	F DEATH			93-6				
	County	Baltimore			Registration Dist. No. 32	2			
		ity Catonsvil		vrs 5 mos	No. Spring Grove State Hospital St., death occurred in a hospital or institution, give its NAME instead of street and n. 19 ds. How long in U.S. if of foreign birth?	umbar)			
		ME Miss Carr							
Z.		ce: No. Upperco		ì	St., Ward. Upperco, Maryland  If nonresident give city or town and State				
	PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH				
3. SI	Female	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  March  (Month)  (Day)	, 193.7 (Yaar)			
5a. I	f married, widow HUSBANO of (or) WIFE of	red, or divorced			22. I HEREBY CERTIFY, That I attended	20011			
s D	ATE OF BIRTH	(month, day, and year) J	anuary 23	. 1862.	llast saw h @r alive on March 25 19 37				
7. A	GE Yea		Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:35 am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
OCCUPATION	kind of v SAWYER	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etcbusiness in which s done, as SILK MILL, LL, BANK, atc	Housewe	ork	Arterio sclerosis Chronic Myocarditis	Prior t 10/6/3			
	10 Pata danner	ed last worked at pation (month and 1934		me (years) It in this Life Pation Life	Other Contributory Causes of importance:				
-	(State or cou		and						
- ER	13. NAME	Charles W.	Cullison						
4		(city or town)	ryland		Name of operation None Date of What tast confirmed diagnosis? Clinical Was there an a				
15. MAIOEN NAME Rebecca Armacost 16. BIRTHPLACE (city or town) (State or country) Maryland					23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide? NO Date of Injury				
	(Address)	Catonsvill TION, OR REMOVAL AA Church	Bello Co		Manner of injury	ACE.			
	UNDERTAKER (Address)	E. C. Jip Hampider	tor nu	L. Registrar.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Catonsville, Maryland	No M. D			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Taranti Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	7	Other contributory causes of importance:	Teta
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

X	em of infor-	should state	f OCCUPA-
	ECord. Every it	PHYSICIANS	xact statement o
R BINDING	A PERMANENT R	ted EXACTLY.	perly classified. E
RGIN RESERVED FOR BINDING	DING INK-THIS IS	I. AGE should be sta	so that it may be pro
RG	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	-WRITE PI	mation shou	CAUSE OF

1	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	0259
	DEATH		(199)		10.0/	

Length of residence in city or town where death occurredyrs8mos									
2.		Mary Dac No. 1150 Es		rd St.	St., Ward.  If nonresident give city or town and State				
	PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH				
3. SI	ex 4.	color or RACE white		RRIED, WIDOWED,  (D) (write the word)  1 e d	21. DATE OF DEATH  March 13  (Month) (Day)	, 193_7 (Yeer)			
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Pete Dacre					22. I HEREBY CERTIFY, Thet I ettanded do June 22				
6. D	ATE OF BIRTH (mon	th, day, and year)	aly 25, 1	898	last saw h er elive on March 12 ,19				
7. A		Months 7	Days 16	If LESS than 1 day,hrs. ormin.	to have occurred on tha data statad above, at5 = 15 _ Aio m o  The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:	Date of onset			
TION		done, as SPINNER, OKKEEPER, etc	housewi	fe	Involutional depression	June, 19			
CUPA	SAW MILL, B	ne, as SILK MILL, } ANK, etc	lome	****************		June, 1936			
10. Date deceased last worked at this occupation (month end June, 1936 spent in this occupation 23				ent in this upation23	Call-bladder drosnage: for: Chronic shokeystitis. Other Contributory Causes of Importance Purotion: since February Post-operative shock	y = 1937.			
ER		vatore Pard	lo		1050 Opolacivo Shock	.07.16.701			
FATH	14. BIRTHPLACE (cit	y or town) Ital	1400-1111-1111-1111-1111-1111-1111-1111		Name of operation Gall bladder drainage Date of 3-12-3  What test confirmed diagnosis? operation Was there an autopsy? n  23. If deeth was due to external causes (VIOLENCE) fill in also the following: no				
ER	15. MAIDEN NAME	Rose Tutt	obene						
16. BIRTHPLACE (city or town) Italy (State or country)					Accident, suicida, or homicide?				
17. INFORMANT Mr. Pete Dacre (Address) 1150 E. Lembard St.  18. BURIAL, CREMATION, OR REMOVAL Plece Holy Addense Date March 16, 1987					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
					Manner of injury				
	UNDERTAKER (Addiess)//Z	75 Ball	rmor ST	- Bris	24. Was disease or injury in any way related to occupation of deceased if so, specify  (Signed)  (Address) Spring Grove St. Hospi				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	ANNAL STATE	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis MAP	3 days ago		
	1	16 192>	0)		
Other contributory causes of importance:		Other contributory causes of importance:	/		
Gallstones	May 1,1923		1 year		

V. S. No. 1

TION is very important. See instructions on back of certificate.

	LAND-	CERTIFICATE OF DEATH 02	595.			
1. PLACE OF DEATH  Baltimore	-	Registration Dist. No.	2			
County			W			
Village or City Catonsville, Md.	, (If	No. Spring Grove St. Hosp. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward			
Langth of rasidence in city or town where death occurred		ds. How long in U.S. if of foreign birth?yrsmo	sds.			
2. FULL NAME Delancy Wells Day		If U. S. Veteran, specify WAR				
(a) Residence: No. 1809 W. Mulberry S	treet	St., Ward.				
(Usual place of	abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH				
male 4. COLOR OR RACE White 5. SINGLE, MARRING OR DIVORCED.	ED, W10 OWED,	21. DATE OF DEATH March 5  (Month) (Oay)	, 193 <mark>7</mark> (Yaar)			
5a. If marriad, widowed, or divorced HUSBANO of Mrs. Delancy Day (er) WIFE of Mrs. Delancy Day (Elizabeth Hickey)		22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 19 36 to March 5 19 37				
6. DATE OF BIRTH (month, day, and year) Sept. 17, 1	879	llast saw h_ im alive on March 4 ,19 37	; death is said			
7. AGE Years   Months   Days   16	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at5_15_mp.m. om o  The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Oate of onset			
8. Trade, profession, or particular kind of work dona, as SPINNER, Investigato						
SAWYER, BOOKKEEPER, etc. 111Ves claum Depar	r in	Arteriosclerosis	?			
Undustry or business in which Claim Depar		Hypertension	7			
10. Date decaasad last worked at 11. Total time	a (vaars)	Arteriosclerotic heart disease  Myocardial failure	?			
	in this 20	yrs.	ec.,1936			
12. BIRTHPLACE (city or town) Maryland		Other Contributory Canses of importance:				
(State or country)		Arteriosclerotic Bright's Disease ?				
13. NAME Amos Day		Gaterios de 1812 Brain Pitcer	Jan 1930			
13. NAME Amos Day  14. BIRTHPLACE (city or town) Maryland (State or country)		Nama of operation none Oata of What test confirmed diagnosis? Clinical find inagenera an autopsy? No.				
15. MAIDEN NAME Mary Richardson		23. If death was due to external causes (VIOLENCE) fill in also tha following	20.0			
15. MAIDEN NAME Mary Richardson  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide?, 19, 19, 19				
17. INFORMANT Mrs. Elizabeth Day (Address) 1809 W. Mulberry Stree	t	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION OR REMOVAL Place Our Carte Date Date	1937	Manner of injury				
19. UNOERTAKER My Coryan + S (Address) GOV Hollins		24. Was diceasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)	no			
20. FILEO	Registrar.	(Address) Spring Grove State Hospi	tal			
			ille, Md.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		-228/			

V. S. No. 1

STATE OF MARYL	AND—	CERTIFICATE OF DEATH	02596
1. PLACE OF DEATH	100 204	(31)	1
County Daytimore		Registration Dist. No	42
Village or City hous down	(If )	NoSI death occurred in a hospital or institution, give its NAME instead of stree	t.,Ward
Length of residence in city or town where death occurredyr		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Obediah G. D. A.	VER.	If U. S. Veteran, specify WAR No R	ECORd
(a) Residence: No. Hammonds FERS	Rel	St. Ward.	
(Usual place of abo	de)	If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEAT	гн :
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (wri		21. DATE OF DEATH	7 "
MALE White Sing		(Month) (Day)	, 193_(Year)
5a. If marriad, widowed, or divorced HUSBAND of		22. LHEREBY CERTIFY. That I atte	anded desented from
(or) WIFE of NONE		12 1937 to Mars	4.12.19.T7
6. DATE OF BIRTH (month, day, and year) Aug. 19, 1	453	I last saw hum alive on warch / 2 19	3.2.; death is said
	If LESS than	to have occurred on the date stated above, a 655 P.m.	
	ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade profession or particular		Venterity Ch	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. METR PRO	ofER.	Vingocardites Ch.	ar a
9. Industry or business in which work was done as SILK MILL.	141		
kind of work done, as SPINNER, MERR PROS SAWYER, BOOKKEEPER, etc. MERR PRO 9. Igduslry or business in which work was done, as SILK MILL, MA METER SAW MILL, BANK, etc. 11. Total time (y) 10. Date deceased last worked at this occupation (month and			
O 10. Date deceased last worked at this occupation (month and 1435)	his 11 hun	<u>k</u>	
0 11		Othar Coutributory Causes of importance:	,
12. BIRTHPLACE (city or town) PdJ+1K10RE (State or country)		actité De compendation	7
		heart	M. al
E DENIE		uraemia	/3
[State or country]	4	000	e of
		What test confirmed diagnosis Curic Was the	
	RV	23. If death was due to external causes (VIOL ENCE) fill in also the following and t	95
[ 16. BIRTHPLACE (city or town) Baltimore (State or country)	d	Where did injury occur?	, 17
M. T.	7	(Specify city or town, county as Specify whether injury occurred in LHDUSTRY, In HOME, or in PUBL	ad State)
17. INFORMANT MARY J. LIMERICE (Address) Hammonds FERR	1	openity whether injury occurred month of the first fir	IC I LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Loudon PARK Date MAR.	5.,19.37	Nature of injury	
10 HALLES - Williams Conste	£.,	24. Was disease or injury in any way related to occupation of decease	d? Lio
19. UNDERTAKER PROBLEM CONTROL (Address) 12/7 September 19. UNDERTAKER PROBLEM (Address) 12/7 September 19. UNDERTAKER PROBLEM (Address) 12/7	>	If so, specify	
a suchech 14 27 M. Stuffing	des	(Signed) Manuel edulie	ele M. D.
20. FILEDVICE 14, 19 / VEX/MyCrey	Registrar.	(Address) 2910 10 Clairs Re	ry ff
If more blanks are needed address	State Penistran	2477 N. Charles Street Baltimore Properties 7) S. No. A.	44/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
41 V				
Other contributory causes of importance:		Other contributory causes of importance:	400	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	item of infor-	should state	of OCCUPA-		
	ECORD, Every	PHYSICIANS	xact statement		
JE BINDING	I. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ificate.	
IRGIN RESERVED FOR BINDING	G INK-THIS IS	GE should be sta	that it may be pro	ons on back of cert	
RGIN	WITH UNFADIN	efully supplied. A	in plain terms, so	ant. See instruction	
	WRITE PLAINLY,	ation should be car	AUSE OF DEATH	TION is very important. See instructions on back of certificate.	
. 2. No. 1	[. B.—	m	C	T	

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	2597
1. PLACE OF DEATH			//
County (a) all	Timon.	Registration Dist. No.	4
Village or City D. b.a.	may som	No. 7 0 4 Fr St.,	Ward
		t death occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of residence in city or town wh	ere deeth occurredyrs,mo	s ds How long in U.S. if of foreign birth?	osds.
2. FULL NAME W	I for fort	If U. S. Veteran, specify WAR.	
(a) Residence: No. 20 4	F FF	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATE		MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 6 th	, 193
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			-/-
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	/
	May 16 12, 93.	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)	10 10 ///	I last saw h, 19, 19	_; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		O to Single	-
SAWYER, BOOKKEEPER, etc		Com a factus	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		1 2/mo	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town)	mousbant	Other Coatributory Causes of importance:	
(State or country)	O. mil	1 Comatur	
II 13. NAME YEMPY F.	Deter)	to Th	
13. NAME VWY F.  14. BIRTHPLACE (city or town)	3alto	Name of operation Date of	
(State or country)	a prairie	What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME OF THE	6 Dissell	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE (city or town)	alt mid	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Pesa 6	Dieter	(Specify city or town, county and States Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION OR REMOVAL Place	Johns Topskins	Manner of Injury	
19. UNDERTAKE Materna	gul Laborating	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED Mar 18., 1937/	My (engies )	(Signed) Address) Prancis Con	M. D
If n	nore blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1987	July 5, 1927	Peritonitis	3 days ago
SURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Jo u	pino	000	
y iter	Ssh	t of	
Ever	CIAN	emen	
)RD.	H.SI	stat	
RECC		Exact	
LL	LY.	d.	
IANI	A C 1	ssifie	
PERM	EX	ly cla	ite.
SAI	tated	roper	rtifica
IIS I	be s	be p	of ce
TI	plno	may	back
INK	E sh	at it	s on
DING	AG	so th	ction
NFAI	plied.	rms,	instru
U H	dns s	ain te	See
WIT	refull	in pl	ant.
NLY,	e cai	ATH	mport
PLAI	l pine	F DE	ery in
TE 1	m-she	SEO	TION is very important. See instructions on back of certificate.
WR	atio	AU	ION

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

02598

1. PLACE OF DEATH	942
County Sattacion	Registration Dist. No. 30
Village or City Collicat Celly P. O.	No. Juward ave st., Ward
19 2	f death occurred in a hospital or institution, give its NAME instead of street and number).
Length of residence in oity or town where deeth occurred 9 / yrs. 9 mo	s. / G ds. How long in U.S. if of foreign birth?
2. FULL NAME ON SOGIA	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. (SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH SAM
Male (O) CR-DIVORCED (write the word)	Mav. 60 193.7
5a. If married, widowed, or diverced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
D 1 1/18/18	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
6/12/6 ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEFFER, etc. 9. Industry or business in which work was done as SI K MILI	The same that th
work was done, as SILK MILL, SAW MILL, BANK, etc.	av distribution of the same of
SAW MILL, BANK, etc	John Jow
yaar) occupation /	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Calturing Cs	Guidi Salarani, Galarani, Mariani, Mari
(State or country) may laure	- Jound dead in outside
13. NAME velu Dietz	Jailet
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Company)	Whet test confirmed diagnosis?
15. MAIOEN NAME Peleca Ulil 16. BIRTHPLACE (city or town)	23. If death was due to extarnal couses (VIOL ENCE). AH in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deta of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHURCH M. Della (Address) Ellicat let (4.7.4)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wordlawy Claste Mar. 23, 193	- Neture of injury
19. UNDERTAKER Guston Sous	24. Was disease or injury in any way related to occupation of deceased?
(Address) & elect Cily	If so, specify
20, FILED march 23 1937 Marshale B west	(Signed) Transhall B west , M.D.
Registrar.	(Address) Catorwelle Jud

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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	RECOL	Y. PH	Exact	
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. I	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	
, BIN	PERM	d EX	rly cl	cate.
FOR	V SI S	state	prope	TION is very important. See instructions on back of certificate.
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E S	Z	Es	at i	s on
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	WRI	atio	AUS	NOI
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N. B.-WRITE PLA

1. PLACE OF DEATH	
County Ballo:	Registration Dist. No. 42
	St.,Ward
Length of residence in city or town where death occurred Left yrsmosds. How long in U.S. if	of foreign birth?yrsmosds.
2. FULL NAME Detty Low Doering If U. S. Veteran,	, specify WAR
(a) Residence: No. 7300 Belain Pd. St., Ward. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL C	CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Finale  Mail  Mail	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  22. I HEREB  March 24	Y CERTIFY, That I ettended decessed from 19.37, to 25, 19.37
6. DATE OF BIRTH (month, day, end year) Cypuil 3 - 1995   i last saw h elive on	Man 2 8 , 19 37; death is seid
7. AGE Years Months Days If LESS than to have occurred on the date stat 1 day,hrs. The PRINCIPAL CAUSE OF DEA were as follows:	ted above, at 43.4 m.  ATH end related causes of importance
9 Trade profession or particular	mars 4 1%
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and spent in this	
10. Date deceased lest worked et this occupetion (month and yeer) Occupation Occupation Other Contributory Causes of Imp	nortanea
12. BIRTHPLACE (city or town) Balls Md	/vi tanes .
(State or country)	remana ander
13. NAME (Paul W. Doering  14. BIRTHPLACE (city or town) Ballo Cily Md. Name of operation.  (State or country) What test confirmed diagnosis?	Date of
15. MAIDEN NAME Lowe &. Lewis 23. If death was due to external ca	auses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 2. Lewis 23. If death was due to external ca Accident, suicide, or homicide?	Oate of injury, 19
17. INFORMANT Paul Toering Specify whether injury occurred (Address) 7,500 Relay Rd.	(Specify city or town, county and State) in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parker of Compate Manner of injury Nature of injury	
19. UNDERTAKER	way related to occupation of deceased?
(Address) 7 401 Bolan (A. If so, specify  20. FILED 3 30 1937 5. A. Fint MD (Signed)	Reethales M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second View			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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B.—WRITE PLA

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH 05900

1. PLACE OF DEATH			82-0	1
County Baltimore			Registration Dist. No.	1
Village or CityRockdale			No. Harriott LaneSt., death occurred in a horpital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where o	leath occurred 1		death occurred in a norpital of institution, give its IVAIVIE instead of street and	
2. FULL NAME Adelaide	A. Doin	ıg	If U.S. Veteran epecify WAR.	*****************
(a) Residence: No.Rockdale	(Usual place o		St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX   4. COLOR OR RACE   White	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  Narch 24  5:30 P. M (Month) (Day)	, 1937 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Scott B	arnard I	oing	22. I HEREBY CERTIFY, That I attend Jan 7 1937, to Mar 24	
6. DATE OF BIRTH (month, day, and year)	- 77,1	864	Hast saw h. er alive on March 24 ,193	
7. AGE Years Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 5.20. B. M  The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: Cerebral Hemorrhage	Date of onset
8. Frade, profession, or particular kind of work done, as SPINNER HOS SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	11. Total tip	me (years)	and Paralysis	mar 26
12. BIRTHPLACE (city or town). (State or country) Harylan		pation	Other Contributory Causes of importance: Arterio-sclerosis	1928
13. NAME William Kelly				
14. BIRTHPLACE (city or town) (Stete or country) Unknown			Name of operation Date of What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Duvaghn		1964	23. If death was due to external causes (VIOLENCE) fill in also the follow	ving:
15. MAIDEN NAME Duvaghn  16. BIRTHPLACE (city or town)  (State or country)			Accident, suicide, or homicida? Date of injury  Where did injury occur? (Specify city or town, county and	
Irs. Herman B (Address) Ockdale, Id.	ielefeld	<u>l</u>	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE LOUDON Park	Date_llar	h 26,9/3	Menner of Injury	
19. UNDERTAKER AVAITY AND AND SELECTION OF THE PROPERTY AND	Buff	Registrar.	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify (Signed)  (Address) 2220 Garrison Rlyd	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ZSICIAN E TO THE TOTAL STATE OF THE PARTY OF
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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02601
	1. PLACE OF DEATH	23 × 38
of all of	County Dalliman	Registration Dist. No.
item of should of OCC		MDNo. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)  24 ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS act statement	2 FILL NAME William James Downing	If U.S. Veteran epecify WAR.
ater	(a) Residence: No. 612 Plank ST	St. Ward. Sales Source Med.
RECORD. PHYSI Exact stat	(a) Residence: No. (Usual place of abode)	If nonresident give city or fown and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5h	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH Warch 30 , 1937 (Month) (Oay) (Year)
PERMANENT EXACTL 1 classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lathyy Downing.	22. I HEREBY CERTIFY. That I ettended deceased from
RM X cla	6 DATE OF BIRTH (month, day, and year) Chul (5, 150)	I last saw h. Lin alive on Warch J 2 1937 : death Is said
PE   E	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	to heve occurred on the date steted above, at 2:50 Am.
IS A PE stated E properly certificate	36 11 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
	8. Trade profession or particular O	Were as follows:
THIS d be y be	SAWYER, BOOKKEEPER, etc. on streeting foreway	Pulman Internosis Jama
VK—T should it may n back	kind of work done, as SPINNER, or structure foreway  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased ast worked at this occapitation from the business of the spent in this spent in this	1 1937
INK- E sho t it n	SAW MILL, BANK, etc	
OL 20	this occupation month and (5) spent in this occupation	
UNFADING upplied. AGI terms, so tha	12. BIRTHPLACE (city or town) Salesbury	Other Contributory Causes of Importance:
AD)	(State or country) Many and.	
UNFAI supplied. n terms, ee instru	13. NAME William J. Downing.	
U U u tu u tu	14. BIRTHPLACE (city or town) : 14. State or country)	Name of operation Oate of Oate of
WITH fully su n plain nt. See	Grate of country)	What test confirmed diagnosis?
INLY, WITH be carefully EATH in pla important.	15. MAIDEN NAME Cume Melin	23. If death was due to external causes (VIOLENCE) fill in also the following:
car EH ort	16. BIRTHPLACE (city or town) I Selfaware (State or country)	Accident, suicide, or homicide? Date of injury, 19
AINLY, ld be cal DEATH y import	Personal HistoryHospital Record	Where did injury occur?
	17. INFORMANT (Addressed owood Sanatorium, Towson, Md.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place alishing ha Deffriel 1937	Nature of injury
WRITE mation sl	19. UNDERTAKE Villam & Tokner & Sons	24. Was disease or injury in any way related to occupation of deceased?
101	(Address) hoth & Senia and	If so, specify
	20. FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) Towson M. D
	DUTY A TAL Registran	(Address) TOWSON 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

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The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy &	1 week ago
Run over by street ear	1 week ago
927 Peritonitis 2004	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1031	
Other contributory causes of importance:	
923 Gastroenteritis	1 year
	Attack of epilepsy Run over by street car 927 Peritonitis  Other contributory causes of importance:

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ARGIN RESERVED FOR BINDING

02603

1. PLACE OF DEATH	8
County Ballmore	Registration Dist. No. 44-2-
Village or City Halettorke	No. St, Ward
Length of residence in city or town where death occurred vrs.	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
h O A	)
2. FULL NAME BODY BOY Dul	04 14. 3
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	Mich 23 Day 37 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Much 23/37	I last saw h alive on 19 death is seid
7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, at
1 day, — hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mch 23/37 am
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	
10. Date deceased lest worked et this occupation (month and year) spent in this occupation	
Rock Die	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	unprodu
13. NAME William Platt Duly	
13. NAME William Plate Duly 14. BIRTHPLACE (city or town). Baltumore City	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mildred Entry Jimarna 16. BIRTHPLACE (city or town) Woodsuperlively  (State or country)	-23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Woodupalville	Accident, suicide, or homicide?
(State or country Peace arundal Go. 100	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT META (Mother) (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL and Mal	Manner of injury
ME Plansmily Cella Date / Ph 23, 1927	Nature of injury
19. UNDERTAKED More Employed	24. Was disease or Injury in any way related to occupation of deceased?
(Addies) m Polluly Stather	If so, specify
20. FILED/NCL 23, 19 39 Ce/Myceffee	(Signed) (Address) Ellardo ma

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Examplo I	il il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car SAT	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	·	CELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The state of the s	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

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certificate.

See instructions on back of

TON is very important.

be

Exact statement of OCCUPA-

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		50	
County Baltimos	e e.	Registration Dist. No.	5
Village or City Parker	eled	Nazbal Wentwork Rd. St.	Ward
Length of residence In city or town where	deeth occurred vrs 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and n	number)
	yis,		JS dS.
2. FULL NAME Paus	g Ggar	If U. S. Veteran, specify WAR	***********
(a) Residence: No. Accella	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  Jemole White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	4. Egner	22. I HEREBY CERTIFY, Thet I ettended March 1936, to March 15	deceased from
6. DATE OF BIRTH (month, A. Advent	pund 1865!	I last saw her elive on Merch 15 1937	,
7. AGE Yeers 7 Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \( \frac{1}{2} \frac	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ethorne!	Carcinoma Luast metastation	Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		arteris belivais	1825
10. Date deceased last worked et this occupetion (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	want	Other Contributory Causes of Importance:  Ocute Beouthits	3-2-37
13. NAME	kum		
13. NAME  14. BIRTHPLACE (city or towns)  (Stete or country)	hum	Neme of operation Date of What test confirmed diagnosis? Llines of Was there an a	
W 15. MAIDEN NAME	hum	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or cognity)	t know	Accident, suicide, or homlcide? Date of injury  Where did injury occur?	
17. INFORMANT Selector (Address) 2601 West	Hawit da	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	a) ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Mondon	WDete, 193.7	Nature of injury	
19. UNDERTAKER Chas M. William (Address)	jal aren	If so, specify	) es)
20. FILED 3/16 , 1937 Q	M. Bacon Registrar.	(Signed) Chass. L. Ball of Md.	M. D.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
158 8 168			
3			
Other contributory causes of importance:	1.8	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

02605

1. PLACE OF DEAT	н			46-8	
County Baltime	ore			Registration Dist. No. 43	
Village or City Ra	speburg			No. 9 Greenwood Ave. St.,	Ward
Length of residence in situ	or town where do	ath	(1)	No. 9 Greenwood Ave . St.,  death occurred in a horpital or institution, give its NAME instead of street and nu  ds. How long in U.S. If of foreign birth?	ımber)
2. FULL NAME W	illiam E,	Fanton		If U. S. Veteran, specify WAR	
(a) Residence: No	9 Greenwo	Od Ave	e of shode)	St., Ward.  If nonresident give city or town and S	
PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	ASIC
3. SEX 4. COLOR	OR RACE	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, ED (write the word) rorced	21. DATE OF DEATH March 8th,	193 7
5a. If marriad, widowad, or divorce HUSBAND of (or) WIFE of	ed Unknown			22. OF THEREBY CORTIFY hat I attended d	(Yaar)
	Ulkilowii			19 56, 10 1 10 147	Di9.
S. DATE OF BIRTH (month, day,				I last saw have alive on Flances 4 2, 19 2,	death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2:10P.m. The PRINCIPAL GAUSE OF DEATH and related causes of importance	
43	10	2	ormin.	were as follows:	Date of enset
8. Trade, profassion, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER. TE	chinist		Itekatic.	
9. Industry or business in v	which			Carcinoma	201
work was done, as SIL SAW MILL, BANK, etc	K MILL, CE	nning			
kind of work done, as SAWYER, BOOKKEEPE 9-Industry or business in v work was done, as SII SAW MILL, BANK, etc 10 Date dacasaad last worke this occupation (month	h and	SDE	tima (years) ent in this	1	
yaar)	Oct - 1936	) _   oc:	supation20	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)	Baltin	nore,		M) ( )	
(State or country)		Md		Se superior de la constante de	
13. NAME John N.	Fanton			Albandan & albanolim	7
14. BIRTHPLACE (city or town		nore,		Name of operation Coppless Date of	1,3
(Stata of country)	Md.			What test confirmed diagnosis? 95 96 02 Was thara an au	topsy?_
15. MAIDEN NAME Ka.	therine H	E. Ruhl		23. If death was dua to axternal causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ka	German	377		Accident, suicide, or homicide? Data of injury	, 19
(State or country)	der mar	4y		Where did Injury occur? (Specify city or town, county and State)	)
7. INFORMANT Mr. The				Specify whather Injury occurred in NDUSTRY, in HOME, or In PUBLIC PLAN	CE.
(Address) 9 Gree 8. BURIAL CREMATION, OR RE		70.		9 9	
Place Baltimore		Data Mar.	11. 19 37	Mannar of Injury	
19. UNDERTAKER Freder (Address) 7401 Be	wih La	rache	olw)	Nature of Injury.  24. Was disease of Tajury In any way related to occupation of deceased?	
20. FILED 3/9 19		2 Fre	f M.D. Registrar.	(Signes 1031 M. Curofine of	M.
	If more bl	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

N. B.-WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , _ 1 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	W1 1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteruts	1 year

V. S. No. 1

1	infor-	state	
	tem of	plnods	
)	OKD. Every i	HYSICIANS	
AGIN RESERVED FOR BINDING	N. BWRITE PLATILY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
FOR B	S IS A PE	stated E	
SEKVED SEKVED	NK-THIS	should be	
IN KE	ADING I	d. AGE	
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	Y, WITI	carefully	
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V. W. No. 1	B.—WRITE	mation sh	
, ,	ż		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02606
1. PLACE OF DEATH	3
County Oltimon	Registration Dist. No.
Village or City Spanewstoint	No. 12 63 VILLEY WOOD RSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign blrth?yrsmosds
2. FULL NAME Ital Com fortus	HASAINS. Veteran, specify WAR_
(a) Residence: No. alm	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Warch 12th 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
M. 12 th 10-	, 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year) March 12 193	l last saw h; death is sale
7. AGE Years Months Days LESS than 1 dayhrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Otillton
9. industry or business in which	(2 han)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
TO. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Parrows four	Other Contributory Causes of importance:
(State or country)	1.
13. NAME July To AV isher  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Nary & Marshall  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mary to trisher	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Platelie la Johns vales plans, 19	Nature of Injury
19. UNDERTAKER Matardinal Ratuatory	24. Was disease or injury in any way related to occupation of deceased?
20. FILED War 13th, 193) Is Assistantian Registrar.	(Signed) (Address) Prayrows Cont. II
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1937	July 5,1927	Peritonitis	3 days ago
Arrowall M. K.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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5	THE PLATINI	n should be	E OF DEAT	is very imp
5	WRITE PLAINI	attion should be	AUSE OF DEAT	ION is very imp
No. 1	WRITE PLATNI	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be	CAUSE OF DEAT	TION is very imp

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02607
1. PLACE OF DEATH	82-0
County Collissore	Registration Dist. No. 30
Village or City Towoon Md,	No. St., Ward
2. FULL NAME Besse bleary Tylith	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.  If U. S. Veteran, specify WAR
(a) Residence: No. 202 Cigharth (Load To (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Solution of the color of the colo	21. DATE OF DEATH MCh 302 7 (Month) (Day) (Year)
(or) WIFE of arthur W. As litten	1 HEREBY CERTIFY. That I attended deceased from 1937 to Mills 354 1937
6. DATE OF BIRTH (month, day, and year) Jan 28 = 1869	Hast saw her alive on men 35h 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2.4.5m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	Cerebral Valourrham ( 363
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, at How SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this programme). This programme is the same of the	apoplesus.
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Baltimore by (State or country) Md.	Oper Contributory Causes of importance:  Cerebral arleris and
W 13. NAME Am Bishoh Johnson	Deneral Delerosio
14. BIRTHPLACE (city or town) Baltimore Go (State or country)	Name of operation.  What test confirmed diagnosis? April fullings Was there an autopsy?
15. MAIDEN NAME Many Jane Gleary	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Many Jane Cleary  16. BIRTHPLACE (city or town) Many Cand  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss Lillian Vaughan (Address) 202 austurel H.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place Problem Hill Date 37 17 1934	Manner of injury
19. UNDERTAKER John Burns Sone	24. Was disease or injury in any way related to occupation of deceased?
20. FIRED 15/ 1937 William Home	(Signed) & Quiel & St. 100. Surper M. D. (Address) Jameson Tol
If more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis ADD & 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*HOPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

FRGIN RESERVED FOR BINDING

1. PLACE OF DEATH	
County Baltimore.	Registration Dist. No. 42
Village or City Arbutus	No. 913 Leeds AVE St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whare deeth occurredyrsmo	
2. FULL NAME 1/3/8aret Fard	If U. S. Veteran, specify WAR
(a) Residence: No. 913 LCC 45 MULL (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
female White Widowed	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	22 / I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Seorge h, Ford	april 1936 to Aluch 27, 1937
6. DATE OF BIRTH (month, day, and year) Nov. 6-1882	1 last saw h. la aliva on Musch 2.7 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 5.30 /s.m.
54 4 2/ Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 12+ HOME	- aslowing eleraci and launce
< 9. Industry or business In which	(1. Sheets in may)
work was done, as SILK MILL, SAW MILL, BANK, etc.	- September 1
- apoint in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Salfinohe	-
(State or country) MALYLAND	
13. NAME FLOGETICK MULLER  14. BIRTHPLACE (city or town) - GEFMONS	
I 14. BIRTHPLACE (city or town) QCFMQKY	Nama of operation
(State of country)	What tast confirmed diagnosis?
15. MAIDEN NAME // // // // // // // // // // // // //	23. if death was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) Sehmany	Accident, suicide, or homicide? Date of injury, f9
State or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT No. Locuise C. Messensewith	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace Levelou lank Date 3/30/37,19	Nature of Injury
10 Happy of 1. B. Willhest +Small	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER 1301, Easter Place	if so, spacify
McL 20 32 M Marke Ide	(Signad) Flee & level M.D.
20. FILED 1991	(Addrass) 25 76 O Penn. au

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. 3.	July 5,1927	Peritonitis	3 days ago
Do Feett Doll	Rec	reca de aska Ferrels	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

of OCCUPA-

RD. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

/			F MAR	YLAND—	CERTIFICATE OF DEATH	02609-
/	ACE OF DEA				(E)-0	2/
		altimore			Registration Dist. No.	
Vil	age or City	loodLawn		(lf	No. Windsor Mill Road St., death occurred in a horpital or institution, give its NAME instead of street	
Len	gth of residence in	city or town where d	leath occurred:	46_yrsmos.	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FU	LL NAME	Lou	ise S. F	osbender		
(a)	Residence: No.	Windsor M	ill Road	of abode)	St., Ward.  If nonresident give city or town	and State
PI	RSONAL AL	ND STATIST			MEDICAL CERTIFICATE OF DEAT	Н
3. SEX Fema		or or RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March 9  (Month) (Day)	, 193_7(Yeer)
HUSB	ied, widowed, or div AND of VIFE of J	orced ohn Fosbe			1 HEREBY CERTIFY, Thet I attended from 13/37 19: 10 march 9/	
A DATE O	F BIRTH (month, d	av and year) All	gust 3,	1872	Hast sew h. ET alive on March 8/37 19	death is seid
7. AGE	Years	Months	Days	If LESS than	to heve occurred on the date steted ebove, at 12 . 20P.m.	
	64	7	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Dete of onset
Ö	ade, profession, or kind of work done SAWYER, BOOKKE dustry or business work wes done, es SAW MILL, BANK	e, es SPINNER, EPER, etc in which	Housewife	9	Cerebral Kemorrhoge	Jon 13/
10. 0	te deceesed lest w this occupation (m year)	orked at onth and	SDE	time (yeers) ent in this upation	Other Contributory Causes of importance:	
	PLACE (city or town					
1	ate er country)		Maryland		allero-schroses	1927
f3, N/		John Aho			typuension	1927
₹ 14. B1	(State or country)	town)Heb	Marvland		Neme of Speretion Oate What test confirmed diagnosis?	an eutopsy?
15. M/	NOEN NAME	Margare	t Dehner	M A DEST	23. If death was due to externel ceuses (VIOLENCE) fill in elso the folio	
15. M/	RTHPLACE (city or (Stete or country)	(OWII)	Baltimore Maryland		Where did injury occur?	, f9
		ohn E. Fo		llawn	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	
	ce Mt. Oli	REMOVAL ve Cemete	Typite Marc	n 12/,1937	Menner of injury	
f9. UNDER	TAKER 100	3/N. Balt	or St.	1	24. Was diseese or injury in eny wey releted to occupation of deceesed If so, specify	, HD
20, FILEO.	2/14	1937 m	n. Re	John Registrar.	(Signed) Will Silving (Address) 2220 Garrison Blvd.	M. D.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

PHYSICIANS should state Exact statement of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF DEATH		93-20	
	County Lallim	ne 100.	Registration Dist. No. 30	
	Village or City Calons	ille	No. 6/6 to oberine X& St.	Wai
	Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and num	
	Length of residence in city of town whate	deeth occurred yrsmos	ds. How long in U. S. if of foreign birth?yrsmos	
2.	FULL NAME for	my The	e and	
	(a) Residence: No.	commente.	St.,: Ward.	
	PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and Sta	ite
3. SI		5-SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
y. 51	4. COLOR OR RACE	OR DIVORCED (write the word)	d. DATE OF DEATH March 85	n 14
So. 1	·	Medon	(Month) (Day)	(Yeer)
)a, [	If merried, widowed, or divorced HUSBAND of (or) WIFE of	Shall and	22. 7 OI HEREBY CERTIFY, Thet I attended dec	eased fi
	(or) with the control of the control	1 Journal	1 to 6 11 37 m. 0 d	19-3
6. D.	ATE OF BIRTH (month, day, end year)	ine 25 ma/ 152	I last saw her alive on March 9 1937; d	leath is s
7. A		Deys   If LESS then	to heve occurred on the date stated above, at	
	84 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
T	8. Trede, profession, or perticular	7/-	acete Glamer la Meste to	3 W
	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Gousework.	Chronic Myo cardle	2 40
	9. Industry or business in which work wes done, es SILK MILL.	Hme.	artires Acheroses	1
220	ID. Date deceesed last worked at			
5	this occupation (month and	11. Total time (years) spent in this occupetion		
	71-1	comery 6 - W/	Other Contributory Causes of Importence:	
12. I	(State or country)	1		
٤	13. NAME /Um/	Vivyer-	Calataets Eyes-	
E  -		1		
Y Y	14. BIRTHPLACE (city or town)	- Josh- f	Neme of operation Date of	
2	2 11	16 - 100	What test confirmed diegnosis? Was there an auto	psy?
Ľ  -	15. MAIDEN NAME Laran	domes.	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:	
MOI HER	16. BIRTHPLACE (city or town) (Stete or country)		Accident, suicide, or homicide? Date of injury	., 19
-	(State of country)	1112	Where did injury occur? (Specify city or town, county and State)	
17. 1	NFORMANT // 10 9	and Pl	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8 A	(Address) / SURIAL, CREMATION, OR REMOVAL	ining for		
. J. D	Plece Mary blasm	Date Meri Oltro 37	Manner of Injury	
-		15	Neture of injury	
19. U	INDERTAKER XENCUM	Jay the st	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) 2247	parlet :	If so, specify	
20. F	ILED 31 1937 A	Cludren	(Signed) 16 W 3 Frederick On	M
	and the form of the same of th	A Repeated Registrar.	(Address) 4 Y/2 Trederek Or	e.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   HIRPAU V. 3.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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NG I	AGE	that
UNFADING INK-THIS IS A PERMANENT RECORD. Every ite	supplied. AGE should be stated EXACTLY.	n terms, so that it may be properly classified. Exact statement of
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Casteriolic & Village or City Casses (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs. Length of residence in city or town where death occurred mos.\_\_\_\_ds. 2. FULL NAME If U. S. Veteran, specify WAR If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) narreld (Month) (Day) 5a. If merried, widowed, or divorced HUSBAND of RTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than to have occurred on the date steted above, et... 1 day ....hrs The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spant in this yeer) \_\_\_\_\_ occupetion\_ 12. BIRTHPLACE (city or town) (Steta or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of oparetion (State or country) MOTHER 15. MAIDEN NAME 23. If deeth wes due to axtarnal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_ Dete of injury ..... 16, BIRTHPLACE (city or town) (State or country) Whare did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Netura of injury 24. Was disaese or Injury In any way related to occupation of daceased 19. UNDERTAKER (Address) If so, specify (Signed)

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Registrat

Dr. Marie

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SHRTAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH 02612

1. PLACE OF DEATH			93-0	
County Baltimore		#		7
Village or City Catons  Length of residence in city or tow		I yrs 8 mos	No. Spring Grove Hospe St., death occurred in a hospital or institution, give its NAME instead of street and I ds. How long in U.S. if of foreign birth?	ward number) nosds
2. FULL NAME Fanni (a) Residence: No. Gre	en & Favette	sts.	St., Ward.  If U. S. Veteran, specify WAR.  Figure 1 or 1	
PERSONAL AND ST		e of abode)	MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR R Female White	ACE   5. SINGLE MA	RRIED, WIDOWED,	21. DATE OF DEATH  March I 1937.  (Month) (Dey)	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. 1 HEREBY CERTIFY, That t ettendac Jung, II, 1935. 19 to March I, 193	
6. DATE OF BIRTH (month, dey, and ye	ar) Unknown		l lest saw h. ar alive on March I. 1937 19	
70 plus	onths Deys	If LESS then I day,hrs. ormin.	to heva occurred on the deta stated ebove, at	Date of onset
8. Trede, profession, or particular kind of work dona, es SPIN SAWYER, BOOKKEEPER, etc.	NER, Housekeepe	r	Arteriosclerosis	6/11/
9. Industry or business in which work was dona, as SILK MI SAW MILL, BANK, etc	LL, Home		Chronic Myocarditis	87173
year)	Baltimore cit	time (yeers) pent in this Life coupetion	Other Contributory Causes of importence:	
13. NAME Louis Good	man			
14. BIRTHPLACE (city or town) (State or country)	Germany		Neme of operation Date of What test confirmed diegnosis? Clinical Wes there an	
15. MAIOEN NAME U	nknown		23. If death wes due to externel causes (VIOLENCE) fill in also tha following	ng: No
15. MAIOEN NAME U  16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide? Date of injury  Whera did injury occur? (Specify city or town, county and St	
17. INFORMANT Spring Gro (Address) Catons	ve Hosp reco	rds	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVA	la Gent 3/	2/1937	Menner of injury	
19. UNDERTAKER 24330	Cistors!	found d	24. Was disease or injury in any way releted to occupation of deceased?	No
20. FILED 3/	Allester	eluar Registrar.	(Signed) Chast tehned	net.M.

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Chronic interstitial nephritis		1921	Run over by street car	1 week age	
Cerebral hemorrhage	PHODELL V. S.	July 5,1927	Peritonitis	3 days ago	
	And the second of the second o				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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	RECORD	. PHYS	Exact sta	
	-WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
	IS A PEI	stated E.	properly	certificate.
	-THIS	uld be	lay be	ack of
	IG INK-	AGE sho	that it m	q uo suo
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of residance in city or town where daath occurred If U. S. Veteran, specify WAR If nonresident give city or town and State (Usual place of abode) MÉDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. OR DIVURCED (write tha word) 5a. If-married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Good a 6. DATE OF BIRTH (month, day, and year) Days If LESS than to have occurred on the data stated above, at 7. AGE Years Months 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 63 or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total tima (years) spent in this this occupation (month and occupation \_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicida, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury\_\_\_ 24. Was disease or injury In any way ralated to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify (Addrass) - Catos

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 13	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FATHER

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DEATH

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSTCHANS RECORD. Every Length of residence in city or town How long in U.S. if of foreign birth?\_\_ (a) Residence: No. (Usual place of abode) If conresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) BINDING classified 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That I sttended deceased from (or) WIFE of M 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the dete stated above, at. 3 7. AGE Months Days If LESS than FOR The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER Jo RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which plnous work wes done, as SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this that occupation. instructions

12. BIRTHPLACE (city or town (State or country) 13. NAME 14. BIRTHPLACE (city or town (State or country 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Neture of Injury If so, specify

(Specify city or town, county and State)

23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

What test confirmed diagnosis?...

(Signed)

Registrar.

Accident, suicide, or homicide?

ż

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To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

	Example 11		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 wcek ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory eauses of importance:		
May 1,1923	Gastroenteritis	1 year	
		71177	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory eauses of importance:	

RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis P	3 days ago
		4.3	18
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER SPATEMENTS BY DUVSICIAN
after Consulting Dr. Demard W. Donohue
and neighbors of decided a special inquest
Leath was accidented of twas apparent
Mormantt. angell Corone

# N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	2	6	1	6	
			_		

1. PLACE OF DEATH						23	4	
	Coun	ty Balti	more	~~~~		Registration Dist. No.	L	
	Village or City Mt. Wilson					Mt. Wilson Brangstration Dist. No. No. Tuberculosis Sanatoriumst.	Ward	
	Lengti	of residence in ci	ty or town where d	leeth occurred	yrsllmos	death occurred in a hospital or iostitotion, give its NAME instead of street and reds. How long in U.S. if of foreign birth?yrsme	number) 0sds.	
2	. FULI	NAME C	larence	L. Gri	mes	If U. S. Veteran, specify WAR		
	(a) R	desidence: No. 6	06 Ingl	eside A		St., Ward. Catonsville, Md.  If nonresident give city or town and	State	
	PER	SONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
	sex Male		n or RACE hite	OR DIVORCE	RIED, WIDOWED, D (write the word) 1°1 ed	21. DATE OF DEATH  March  (Month)  (Day)	, 193_7	
5a.	If married HUSBAN (or) WIF	, widowed, or divo ID of HILL E of	da Grim	es		22. I HEREBY CERTIFY, That I attended April 23,	deceased from	
6.	DATE OF	BIRTH (month, day	, and yeer) Ma	y 24, 1	911	Hest saw him alive on March 24, 1937	; death is said	
	AGE	Years 25	Months 10	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et 4:45P m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset	
NOCCUPATION	9. Indus W S To: Date tl y	ind of work done, AWYER, BDOKKEE stry or business in ork was done, as S AW MILL, BANK, of deceased last wor is occupation (mo- ear)  ACE (city or town) or country)	PER, etc		ime (years) nt in this pation Unknov	Pulmonary tuberculosis  n Other Contributory Causes of importance: Tuberculous Laryngitis	0ct. 1928	
ER	13. NAMI		Grimes		u	Tuberculous Laryngitis	April 1935	
FATHER	(	State or country)		aryland		Name of operation None X-ray, and tubatest confirmed diagnosis found in spullar there are		
MOTHER	15. MAIDEN NAME Isabelle Scribner 16. BIRTHPLACE (city or town) Cooksville, (State or country) Maryland					23. If death was due to external causes (VIDL ENCE) fill in also the following  Accident, suicide, or homicide?	::	
17.INFORMANT J. Frank Spalding, (Address) Mt. Wilson, Maryland.					nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL Plece Oak Grove Cem_ Date March 27, 1937					1	Manner of injury		
19. UNDERTAKER THE STATE ON ING.					<b>4</b>	24. Was disease or injury in any way related to occupation of deceased?	10	
20.	20. FILED 3/25 1937 & E Wella & Registrar.					(Signed) John C. Juille (Address) Mount Wilson, V	ud. M.D.	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	J.	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

EATH 02617

1. PLACE	OF DEATH		-	93-6			
County	Baltimore			Registration Dist. 1	.30		
Village or	City Catonsv	ille		No. Spring Grove State Hospi death occurred in a hospital or institution, give its NAME instead	talst, Ward		
Length of re	esidence In city or town wher	e death occurred_2	yrs. 11 mos	death occurred in a hospital or institution, give its NAME instead  15ds. How long in U.S. if of foreign birth?y	d of street and number) rsds.		
2. FULL N	AME Jane Ha	mner		If U. S. Veteran, specify WAR			
	ence: No. 1515 Bol		t	St., Ward.  If nonresident give city			
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF			
3. SEX Female	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH March 1 (Month)	3 , 193 <sup>7</sup>		
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, The March 28 ,19 34 ,to Marc	at 1 attended deceased from		
C DATE OF BIRTI	I (month, day, and year)	October 1	2 1868	I last saw her aliva on March 13			
	ears Months	Days	If LESS than	to have occurred on the date stated above, at 1:50_p.m			
	5 5	1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Imwere as follows:	portance Date of onset		
8. Irade, pro	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	None		Arterio sclerosis	Prior		
9 Industry o	r business in which was done, as SILK MILL, TILL, BANK, etc	-		Chronic myocarditis			
10. Date dece	ased last worked at cupation (month and	11. Total	time (years) ent in this cupation		1704.		
12. BIRTHPLACE (	city of tomifference	elphia,	,	Other Centributery Causes of importance:  Senile psychosis	Prior		
(State or co				Senile psychosis	Mar.19		
13. NAME 14. BIRTHPLA		nammer		Name of operation None			
14. BIRTHPLA	CE (city or town)	ryland		What test confirmed diagnosis? Clinical Was there an autopsy? No			
15. MAIDEN	NAME Lucy E	Brewer		23. If death was due to external causes (VIOL ENCE) fill in also			
15. MAIDEN 1	CE (city or town)			Accident, suicide, or homicide? Date of			
∑ (State		vland		Where did Injury occur?			
17. INFORMANT (Address)	Spring Grove Catonsvill			(Specify city or town, c Specify whether injury occurred in INDUSTRY, In HOME, or —	In PUBLIC PLACE.		
18. BURIAL, CREM	ATION, OR REMOVAL	Date Ma	16.1931	Manner of injury			
19. UNDERTAKER (Address)	Jolenone	itelel	Hons	24. Was disease or injury in any way related to occupation of			
20. FILED.	13 19 8	Color	du	(Signed) Chase . School (Address) Catonsville	M. D		
11	9 /31	TE Blanks dromaday	Registrar.	(Address) QA COMSATTIV	4 . 2024 4		

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	ŀ	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage APR 2 1937	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

02618

1. PLACE OF DEATH		(93-0)		0
County Bullium	<u> </u>		Registration Dist. No	20
Village or City Satousu	rele	No. / Welling death occurred in a horpital or institution		St., Ward
Length of residence in city or town where de			foreign birth?yrs	
2. FULL NAME Gost	P. Harbary	, W		
(a) Residence: No. Ralle	(Usual place of abode)	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARKIED, WIDOWED, OR DISORCED TO THE WORLD	21. DATE OF DEATH	Mar, 13	, 193
5a. If married, widowed, or divoged			(Month) (Day)	(Year)
HUSBAND of Course	a K. Harbary L	Manch - 7,1	CERTIFY, That I a	ttended deceased from
6. DATE OF BIRTH (month, day, and year)	N.18. 1864	I last saw h	unch 12	1937; death Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated		
72 3	23   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of Importan	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, dtc	e tiller	Museundin	Chrome!	1936
		-Re-		
Date deceased last worked at this occupation (month and 9 3/	11. Total time Gens spent in this occupation	Gration: One to two	- gg-00s/a	
year)	occupation O	Other Contributory Causes of import	lance:	
12. BIRTHPLACE (city or town)	y tary	Plan A	ionelatio	Mund
13. NAME Charles &.	Harringh	TV TV		7937
13. NAME Maile 6.		Name of operation	D	ate of
(State of country)	wheeren !	What test confirmed diagnosis?	Was th	ere an autopsy?
15. MAIDEN NAMELLAND 1  16. BIRTHPLACE (city or town)	Hackung h	23. If death was due to external cause	es (VIOLENCE) fill in also the 1	following:
5 16. BIRTHPLACE (city or town)	16G 1 2011	Accident, suicide, or homicide?	Date of injury	, 19
(State or country)	a como	Where did injury occur?	(Specify city or town, county	and State)
17. INFORMANT (Address) RA-OF ( Selection )	UN Harring	Specify whether injury occurred in I		
18. BURIAL, CREMATION, OR REMOVAL Place Felle Heller	Vaguedor Perus	Manner of injury		***************************************
19. UNDERTAKE Castose	Sous	24. Was disease or injury In any way	y related to occupation of decea	sed?
(Addeplees A Cel		If so, specify	Afran Ass	
11/1	Lindreas	(Signed)	11/1-1011	M. D.
20. FILED 3/13, 1937	Xel Registrar.	(Address) - And	market !	ans.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1918 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPAof Infor-D. Every item YLY, WITH UNFADING INK-THIS IS A PERMANENT REC mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. RGIN RESERVED B.—WRITE

V. S. No. 1

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 021	319
1. PLACE OF DEATH	***	940	~
County Baltimore		Registration Dist. No. 30	)
Village or City Marylas	nd time my	eNoSt.,	Ward
length of residence in city or town where dee		death occurred in a hospital or institution, give its NAME instead of street and number of the death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in the	
111.01.	Q4 - VV		
2. FULL NAME MALLA	m / ferry	Mark U. S. Veteran, specify WAR	
(a) Residence: No. The ovyt	(Usual place of abode)	L St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR PRACE 5	or Dy orced (write the word)	21. DATE OF DEATH  March 3 200  (Month) (Day)	193 / (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Canche	tenobir.	22.   HEREBY CERTIFY. That   ettended d	
6. DATE OF BIRTH (month, day, and year) Fel	Muary 7, 1852.	I last saw h alive on, 19	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et_11_4_6_m. a m	r
83	24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular	11-1	A.	-A
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	hool Macher	Goronary thrombose	8
SAW MILL, BANK, etc			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lay worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Mary	and five	Other Contributory Causes of importance:	
(State or country)	nd.	alleris seterosus	
13. NAME John Westle	y Hendrix		
13. NAME July College 14. BIRTYPLACE (city or town) Ball	togrape	Name of operation Dete of	
(State of country)	TROL.	What test confirmed diegnosis? Wes there an at	utopsy?
15. MAIDEN NAME Mariae	ramer.	23. If death wes due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME MANAGE  16. BIRTHPLACE (city or town)	selvery from.	Accident, suicide, or homicide?	, 19
(State or country)	(s., 1 ferma.	Where did injury occur? (Specify city or town, county and State	:)
17. INFORMANT Nomen of tenant or	L. Penna.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.
18. BURIAL, CREMATION, OR REMOVAL Place Md. Line Cemetery	Date March 5, , 1937	Manner of Injury no my my at all  Neture of injury 72 of e	
19. UNDERTAKER Pauf M.J. (Address) hew H	tarlens lain	24. Was disease or injury in eny wey related to occupation of deceased?	20
20 EUE Sna 4 = 1035 Roke	ester Leller	(Signed) Benjamin 18 Merry man	M.1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	17 11	Example II				
The principal cause of d of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset			
Arteriosclerosis	MAY 6 1937	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephriti	s	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	F. PEAU V.	July 5, 1927	Peritonitis	3 days ago			
	A PART OF GRAND STATE OF THE PART OF THE P						
Other contributory cause	es of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

WRITE PL ALY, WITH UNFADING INK-THIS IS A PERMANENT RI RD. Every item of infor-	ation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Jo v	pluo	220	1
in the second	s sh	of	
very	NV	nent	
D. E	SIC	tate	
Õ	PHY	act	
r RI	Υ.	Ex	
LEN	TI	fed.	
MAR	VY	lassi	
PER	E	rly c	ate.
SA	tated	rope	rtific
IS I	be si	be p	o jo
TH	uld 1	nay	ack
INK	sho	t it n	q uo
DNG	AGE	tha	ions
ADI	ed.	18, 80	truct
UNE	ilqqu	term	e ins
TH	lly s	plain	Se
, W.	refu	in I	tant.
VLY	so eca	ATH	mpor
	uld h	F DE	ery in
局上	sho	E OI	is ve
WRI	ation	AUS	TON is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	à	(	1	1	B	6	1	4	à
(	J	6	,	1	)	L	5	1	1

1	. PLACE O	F DEATH			(8)		
	County	Baltimore			Registration Dist. No. 31		
					No. Windsor Mill Road St., death occurred in a hospital or institution, give its NAME instead of street a ds. How long in U.S. if of foreign birth? yrs.		
2	. FULL NA	ME Rob	ert L. Z	ahn Henritz			
	(a) Reside	nce: No. Windsor M	ill Road (Usual place	, Woodlawn	St., Ward.  If nonresident give city or town	and State	
E-constitution of	PERSOI	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1	
3. S	sex Male	4. COLOR OR RACE White		RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH  March 31  (Month) (Day)	, 193 7 (Year)	
5a.	If married, wido HUSBANO of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I ettanded deceesed from Mar 27 , tWarch 31 , 19.37		
6. 1	DATE OF BIRTH	(month, day, and yeer) Ap	ril 20,	1923	I last saw h im alive on Mar 30 ,19		
7. /	NGE Ye	Months 13	Oays	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and raietad causas of importance were as follows:		
NOI	8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. None				Bronchial Bneumonia	Dete of onset Mar 2 192	
OCCUPATION	work w	business in which as done, as SILK MILL, ILL, BANK, etc					
00	10. Oete decesed last worked at this occupetion (month and year)			ent in this			
12.	BIRTHPLACE (d	city or town) West untry) Ma	ryland		Other Contributory Causes of importance:  Pseudo-muscular Distrophy	About	
ER	13. NAME	Mr. Zah			- PSEUCO-MUSCULAI DISCHOPHY	1931	
FATHER	14. BIRTHPLACE (city or town) West (State or country) Maryland				Name of operation Oete of What tast confirmed diegnosis? Was there		
ER	15. MAIOEN NAME Bertha Shipley				23. If daath was dua to extarnel causes (VIOLENCE) fill in also tha follow		
MOTHER	16. BIRTHPLAC	E (city or town)	st aryland		Accident, suicide, or homicide? Oats of Injury, 19, Where did injury occur?		
17.	INFORMANT	Mr. George Her Windsor Mill F	ritz Road, Woo	dlawn	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18.	18. BURIAL, CREMATION, OR REMOVAL Plece Woodlawn Cemetery Dete April 2 ,19 37				Mannar of injury		
19.	UNOERTAKER _ (Address)	1003 W. Bal	timore S	₹.	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify		
20.	FILEO	, 19	**********	Registrar.	(Signad) Vally & aurison Blvd.	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NA SA
1.

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02621
1. PLACE OF DEATH	23
County Stallimere	Registration Dist. No. 7
Village or City UDOWOOD SANATORIUM, TOWSON (In Length of residence in city or town where deeth occurred	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Catherine May Hills	MUS. Veteran specify WAR.
(a) Residence: No. 1218 W. Ostland St. (Usual place of abode)	St., Ward. Balli Ind.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word)  The second of the	21. DATE OF DEATH  Much  (Month)  (Dey)  (feer)
5e. If married, widowed, or divorced HUSSAMUS of Elmer Hilton	22. I HEREBY CERTIFY, Thet I attended decessed from  Feb 9 1936, to June 2020 1937
6. DATE OF BIRTH (month, day, end yeer) 4. 30 1916 7. AGE Yeers Months Deys If LESS then 1 dey,	I lest saw h elive on
UI	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Gulmonray I 13 ? Det 1434
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked at this occupation (month and	
10. Dete decessed last worked at this occupation (month and year) 1936 occupation 34.	
12. BIRTHPLACE (city or town) Balto Md. (State or country)	Other Contributory Causes of Importence:
13. NAME Harry of Stay	
13. NAME / Harry B. Sray  14. BIRTHPLACE (city or town) Balta. And  (State or country)	Neme of operation Date of Whet test confirmed diegnosis? X-A
15. MAIDEN NAME Kirgenia Morgan	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19, 19
Personal HistoryHospital Record (Addressudowood Sanatorium, Towson, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Marchand Park Contre march 23, 19 37	Menner of injury
19. UNDERTAKER William Cook 1 (Address) 1217 12 Flate 11	Mature of injury   1 any way related to occupetion of deceesed?   1 so, specify
Hobels hycal Registrar.	(Address) TOW SON, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis APR 8 1927	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
			1 year	

N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ack of certificate.
N. BWRITE PLANLY, WITH UNFADING INK-	mation should be carefully supplied. AGE shou	CAUSE OF DEATH in plain terms, so that it m	TION is very important. See instructions on back of certificate.

Same of possion of particular kind of work done as SPINNER, SAWYER, BORKEPER, etc.   Sawyer, as follows:   Date of any of the property of th	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02622
Village or City . Concerned to a borpial or institution, give is NAME instead of series and sumber tends to residence in city or town where death occurred . Jayrs	1. PLACE OF DEATH	(107-0)
Langth of residence in city or town where death occurred a 51x. most decided in a hospital or institution, give in NAME most decided and the work of the city or town and State and authors)  2. FULL NAME  (a) Residence: No. Collegan place of abody MR.  (a) Residence: No. Collegan place of abody MR.  (b) Residence: No. Collegan place of abody MR.  (b) Residence: No. Collegan place of abody MR.  (b) Residence: No. Collegan place of abody MR.  (c) Residence: No. Collegan place of abody MR.  (d) Residence: No. Collegan place of abody MR.  (E) Residence: No.	County Baltinore	Registration Dist. No. 3
Length of residence in city or town where death occurred. (a) 715 most ds.  2. FULL NAME.	Village or City Collegaville	
(a) Residence: No. Colegan backs (Dural place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORED Covins the waysh Sa. HI SEAN of or	1 6	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARKIED, WIDOWED  6. DATE OF BIRTH (month, dey, and year)  6. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,	2. FULL NAME amie m. Howar	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARKERD, WIDOWCH  (Womith)  5. DATE OF DISTH  19. The profession, or particular  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  16 LESS than  16 Jesy		
3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED  OR DIVORCES (curinic the work)  (Wonth)  (Day)  (Year)  22. BHER EBY CERT 1/Y. That I attended deceased from 19. It is as a white on 19. It is a white		
Sa. If married, widowed, or divorced HUSAND (Month) (Day) (Year)  193		
HEREBY CERT 11/N. That I attended deceased from (or) WIFE of Sand	Fenale ulute OR DIVORCED ("write the word)	Mare 1 193
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. D. 2	HUSBAND of O	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. D	6 DATE OF RIPTH (month dev and year) Was . (a 1870	I last saw h was alive on to B 7 8 , 1937; deeth Is said
8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, BEDOKKEFER, etc.  9. Industry or business in which work was done, as SPINNER, SANYER, etc.  10. Date deceased last worked at the secuplation of the	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at \$ 500 - 4 m
8. Trade, profession or particular for some of east SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done as SPINNER, SAW which was done as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done as SPINNER, SAW MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month end occupation)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
12. BIRTHPLACE (city or town). (State or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT. Server (Address)  18. BURIAL, CREMATION, OR REMOVAL Place. Date Mai. 3, 19. 3  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED Mai. 2, 1937 Malliana & Labil Labil (Signed). M. D.	8 Trade profession or particular	Bronchopsermonia.
12. BIRTHPLACE (city or town). (State or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT. Server (Address)  18. BURIAL, CREMATION, OR REMOVAL Place. Date Mail 19. Date of Injury.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED Mark 2, 1937 Mallian of Indulation  10. Other Contributory Causes of Importance:  11. Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town). (Date of Importance). (State or country)  15. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  24. Accident, suicide, or hombicide? (Specify city or town, county and State). Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  16. Manner of injury. (Specify city or town, county and State). Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Place of Injury). Nature of Injury. Nature of Injury. Nature of Injury. (Signed). Manner of Injury in any way related to occupetion of deceased? If so, specify (Signed). M. D.	9. Industry or business in which work wes dona, as SILK MILL, SAW MILL BANK etc.	Condine transfer 7-14
12. BIRTHPLACE (city or town) (State or country)  13. NAME		, ,
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  Date  The Main of operation What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was die to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homleide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of Injury  Nature of Injury  19. UNDERTAKER (Address)  Specify  (Signed)  Manner of injury in any way related to occupetion of deceased?  If so, specify (Signed)  M. D.	10 PURTURE ACT CONTRACTOR (B) COLUMN 1	Other Contributory Causes of Importance:
What test confirmed diagnosis?  Was there an autopsy??  What test confirmed diagnosis?  Was there an autopsy??  Was there an autopsy??  Was there an autopsy??  What test confirmed diagnosis?  Was there an autopsy??  Was there an autopsy?  Was there an autopsy ?  Was there and autopsy ?  Was		Hepertersear, whome
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What test confirmed diagnosis?  Was there an autopsy??  What test confirmed diagnosis?  Was there an autopsy??  Was there an autopsy??  Was there an autopsy??  What test confirmed diagnosis?  Was there an autopsy??  Was there an autopsy?  Was there an autopsy ?  Was there and autopsy ?  Was	14. BIRTHPLACE (city or town)	Name of operation Poul Dete of
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18. BURIAL, CREMATION, OR REMOVAL Place Supplies Date Mai 3, 19 37  19. UNDERTAKER (Address)  20. FILED Mark 2, 1937 William J. Idinland (Signed)  17. INFORMANT (Address)  Manner of injury Nature of Injury  24. Was disease or injury in any way related to occupetion of deceased?  If so, specify (Signed)  Manner of injury Nature of Injury  (Signed)  Manner of injury  Nature of Injury  (Signed)  Manner of injury  Nature of Injury  (Signed)	(State or country)	Where did Injury occur?(Specify city or town, county and State)
Place Suplan Date Mar. 3, 1937 Nature of Injury.  19. UNDERTAKER Wm, C, Buralis Sun 24. Was disease or injury in any way related to occupetion of deceased?  (Address)  20. FILED Marsh 2, 1937 William & Sain Contact (Signed)  (Signed)  M. D.		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupetion of deceased?  If so, specify  (Signed)  M. D.  M. D.		Manner of injury
(Address) 20 les mal If so, specify Coursell a. M.D.  20. FILED March 2, 1937 William & Schillest (Signed) Coursell a. M.D.	Place 15 of Date Mar. 2, 19 3	Nature of Injury
20. FILED March 2, 1937 William & Schilcoat (Signed) Veryell (I, Places M. D.	19. UNDERTAKER	
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Example I	DIL	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of i	nation should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC'	IION is very important. See instructions on back of certificate.
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ATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? 2. FULL NAME HU. S. Veteran, specify WAR (a) Residence: No. (Usual place of ahode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Month) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of I HEREBY CERTIFY. Thet I attended deceesed from 6. OATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS than to have occurred on the date stated above, at I day, The PRINCIPAL CAUSE OF DEATH end related causes of Importance min. were as follows: Oate of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... **OCCUPATION** 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased lest worked et 11. Totel time (yeers) this occupation (month and occupation \_\_\_ 12. BIRTHPLACE (city or town (Stete of country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) Whet test confirmed diagnosis?\_\_\_\_\_ Wes there en eutopsy?. MOTHER 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill In also the following: 16. BIRTHPLACE (city or town (State or country) Where did injury occur? \_\_\_\_. (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL CREMATION OR REMOVAL Neture of injury 24. Was diseese o Injury in env way related to occupation of deceased? (Address If so, specify enistrar.

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Example I		Example II		
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Cerebral hemorrhage APR 7 1931	July 5,1927	Peritonitis	3 days ago	
DUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.	PLACE OF DEATH	<del></del>
	County 3 alto-	Registration Dist. No. / O
	Village or City Jasharwille	NoSt., War
	Length of residence in city or town where death occurred from mosmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
2.	FULL NAME Charles Henry Claes	marke woller vet.
	(a) Residence: No.	MASt. Ward.
-	(Usual place of abode)	If nonresident give city or town and State
3. SI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Male white OR DIYORCED (write the, word)	21. DATE OF DEATH Narch 20, 193 7, (Wan)
Ja. 1	f married, widowed, or divorced HUSBAND of Cor) HIFF of Len a Rebreca Germoele	22. I HEREBY CERTIFY. That I attended deceased from 1933 to March 20 1933
6. D	ATE OF BIRTH (month, day, and year) Lec , 2 9, 1861	I last saw h 1 alive on An alive Jo 1937; death is sai
7. A	GE Years Months Days If LESS than	to have occurred on the date stated above, at _ 6 30 m.
1	/3 / 2 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S S	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Planning Oralandar
PAT	9. Industry or business in which	Endocardetos. 193
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	9.4.2.
12. E	BIRTHPLACE (city or town) Musulaton	Other Contributory Causes of importance:
AINER	(State or country) md.  13. NAME John Usumock	Chrome Rephrelis, 1934
FAI	14. BIRTHPLACE (city or town)	Name of operation Date of
2	(State or country) Sermany-	What test confirmed diagnosis?_[lucal Was there an autopsy?D
I  -	15. MAIDEN NAME Ely aboth A Francis	23. If death was due to external causes (VIOL ENCE) fill in also the following:
W O	(State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. [	NFORMANT Mrs. Divotty Schoelkert.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. E	Place Sheet with Grown Date March 23, 1937	Manner of injury
19. U	INDERTAKER John Burns Sons (Address) Jourson Ma.	24. Was disease or injury In any way related to occupation of deceased? No
20. F	ILED March 22, 1937 William J. Chilcoat.	(Signed) Stilmer C. Cusur M. 1  (Address) Crescus Sville Jud.

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	_	, 108	
County Ballo,	-A	Registration Dist. No. 38	
Village or City ovson	ma	No. St.,	٧
Length of residence in city, or town where deeth	occurred A Exis	If death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME & drown	d Volansa		
(a) Residence: No. 108 6 hr	28 healor a	₹ St Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5.5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH War 12	7
a. If married, widowed, or divorced	Kidower	(Month) (Dey)	_, 193_/_ (Yea
HUSBAND of OF A CALL	1	22.   I HEREBY CERTIFY, That I ettended	deceased
forther the	mson	Mer. 1 ,1937, 10 Mer 1:	2, 19_
DATE OF BIRTH (month, day, and yeer)	16 unknown		; death
. AGE Yeers Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 8130 Pm.	
20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as fallows:	Date of
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	longs/		
SAWYER, BOOKKEEPER, etc.	· · · · · · · · · · · · · · · · · · ·	- de Vez Viennia	-+17
work was done, as SILK MILL, SAW MILL, BANK, etc			Me
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		19
year)	occupetion	Other Contributory Causes of importance:	-
2. BIRTHPLACE (city or town)	on of		1
(Stete or country)	14/11		
13. NAME Serante John	son		
14. BIRTHPLACE (city or town)	Jan of	Neme of operation Date of	
11-0 tex.	) III	Whet test confirmed diegnosis? Was there an e	
15. MAIDEN NAME TO SELECTION		23. If death wes due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)	MANINA.	Accident, suicide, or homicide? Dete of injury	, 19
magaze Mr.	100000000000000000000000000000000000000	Where did injury occur? (Specify city or town, county and Stat	e)
7. INFORMANT (Address)	he are Tout	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
8. BURIAL, CREMATION, DR REMOYAL	reg will to to so	Manner of injury	
Place LEASIANT REST CENT	de 3-12th, 1901	Nature of injury	
19. UNDERTAKER PLANTE & MAMIE	Us Stringer	24. Wes disease or injury in eny way-related to occupation of deceased?	
(Addyess) D. S. M. C. C.	Still & Caltar	of so, specify	1
VIN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LA LINE VI THIT	Z · // · Vat	

(Address) 2 3 2 9 Registrar. /If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
		16 102	de la companya de la

WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U. S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. Length of residence in city or town where death occurred munotice If U.S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of RTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Days properl 7. AGE Months If LESS than 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 6 or\_\_\_\_min. were as follows: Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, back may bluods SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total tima (years)
spent in this 22 416 no no this occupation (month and that occupation \_\_\_\_ vear) ..... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town). Nama of operation .... plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fillin also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur? \_\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE should (Address) OF 18. BURIAL, CREMATION, OF REMOVAL Manner of injury FION is haen. mation Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED 3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

certificate.

See instructions on back of

TION is very important.

N. B.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 02627

1. F	LACE OF DE	ATH			23 02/		
	County Bal	timore			Registration Dist. No. 32		
	Village or City Mt. Wilson				Mt. Wilson Bresneh Md. W. Ward		
	length of residence la	eity or town where	death occurred	O wre O mos	f death occurred in a hospital or institution, give its NAME instead of street ar 19 ds. How long in U.S. if of foreign birth?yrs	nd number)	
						.11105	
	(a) Residence: No				If U. S. Veteran, specify WAR. St Ward Baltimore, Md.		
	(a) Residence: No	. 007 50.	(Usualplace	of abode)	St., Ward. Baltimore, Md.  If nonresident give city or town a	and State	
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	-	
3. SEX M 8	ale 4.co	White	OR DIVORCE	RIEO, WIOOWEO, D (write the word)	21. DATE OF DEATH  March  (Month)  (Day)	, 193	
5a. If n HI (0	narried, widowed, or o USBANO of r) WIFE of	livorced Si	ngle.		22. I HEREBY CERTIFY, That I sttend March 1st, 1937, to March 20	led deceased from	
	E OF BIRTH (month,	Mo	rch 28t	h 1904	I last saw him alive on March 20th, 193		
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2:30Pm.	L , ueatii 15 said	
1 0	32	11	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
NO	Trade, profession, or kind of work do SAWYER, BOOK!	ne. as SPINNER.	Paint S	alesman	Pulmonary tuberculosis	Dec.	
AT O	Andustry or busines	s In which			1936		
OCCUPATION	work was done, SAW MILL, BAN						
0 3	Date deceased last this occupation (		Spe	time (years) Un- ent in this NOWN	1		
		Dol+iw		a pation Lees se 10 and	Other Contributory Causes of importance:		
12. BIR	THPLACE (city or town (State or country)	Marvle			None		
<u>n</u> 13		Kenny					
13. 14.	BIRTHPLACE (city o	IInlen	own.		Name of operation No operation Date of	•	
11	(State or country		and		What test confirmed diagnosis? X - Tay, and Was there		
置 15.	MAIOEN NAME	Mary Wal	sh		23. If death was due to external causes (VIOL ENCE) fill in also the follow	or o certifica	
15. 16.	BIRTHPLACE (city o (State or countr				Accident, sulcide, or homicide?		
17. INF	ORMANT LOUI (Address)	s R. Sch Mt. Wils	eurholz son, Md.		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,	
18. BUI	Place Wash		^ > -	rcha3, 19.37	Manner of injury		
19. UN	DERTAKER (Address)	ostella	4011	)	24. Was disease or injury in any vay related to occupation of deceased?	No	
20. FIL	200	,19.3.	E. E.	Necholo Registrar	(Signed) John Mt. Wilson, Md	M. D.	
				***************************************	17		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis PECEIVED	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02628
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 35
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred /yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Havry Author Ker	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marry Belle Keys.	22.   HEREBY CERTIFY, That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Will 2, 873, 7. AGE Years Months Days If LESS than 1 day,	I last saw h
60 // 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Lack Foreman.  SAWYER, BOOKKEEPER, etc	Devere burns caused
9. Industry or business in which work wes done, as SILK MILL,	f g
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month end. / 9.2.7)  11. Total time (years) spent in this 4.3	find of wing a winon
year) Thank, 12 , occupation 12. BIRTHPLACE (city or town) I selland	Other Contributory Causes of Importance:
(State or country) Balto. Co., And,	
E 13. NAME / John R. Heys.	
13. NAME Color R. Reys.  14. BIRTHPLACE (city or town) Hirelland,	Name of operation Date of
State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Delia Morris	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Dela Morris  16. BIRTHPLACE (city or town) Freeland  (State or country)	Accident, suicide, or homicide? Accorded bate of injury 3/10, 198
17. INFORMANT CAUTE CONTRETE MA	Where did injury occur? White Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALTERY Place of Reveland; Balto, Co., March 13, 1931.	Manner of injury Fighting a brugh fire Nature of Injury Severe frams
19. UNDERTAKER Paul M. Hartenstein (Address) New Friedom, Pa.	24. Was disease or injury in any way related to occupation of deceased?
20, FILE man /2 1937 Chester & Freezen	(Sighed ery aming B. Meny mar J. W. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MIDEAU V. S.					
Other contributory causes of importance:	-	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	for-	tate	PA-	
1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	item	shor	o jo	/
N.	very	ANS	nent	
	D. E	SICI	taten	
	COR	PHY	act 3	
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	E P	shor	E OF	TION is very important. See instructions on back of certificate.
	VRIT	ation	AUSI	ION
. 1	1	m	C	T

N. B.—WRITE PLAN

V. S. No. 1

STATE C	F MARYLAND—	CERTIFICATE OF DEATH 026	29
1. PLACE OF DEATH		(107-01)	
County Paltinso		Registration Dist. No.	
Village or City College	renele,	ND. St., death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where d	,	ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Saure	na Senard Ki	Ole If U. S. Veteran, specify WAR	
(a) Residence: No.	Recesville med	L_St., Ward.	
	(Osual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		193 37
5a. If married, widowed, or divorced	Single	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of	nfant	22. I HEREBY CERTIFY, That I attended de mar 2 ,1937, to mar 2	ceased from
6. DATE OF BIRTH (month, day, end year)	ienel 18, 1936	I last saw harm alive on Znaz 2 ,19 37;	death is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8:36A m.	
- 10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	0 - 8 . 0	Orancho Oneumania:	2/24/3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and	Tana	- The branche preventorial was framary.	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	****	There was no associated diseasel. Cluth	<b></b>
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
12. BIRTHPLACE (city or town)	county	Other Centributery Causes of importance:	
(State or country)	Virginia		
13. NAME  14. BIRTHPLACE (city or town)	cas Killer,		
14. BIRTHPLACE (city or town)	age County	Name of operation Date of	rone
(State of country)	Vingenea.	What test confirmed diagnosis? Clause 4 Wes there an au	topsy? 120-
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	garet Jonny	23, If death wes due to external ceuses (VIDL ENCE) fill in also the following:	4.410
O 16. BIRTHPLACE (city or town)  (State or country)	Jage Courtly	Accident, suicide, or homicide?	, 19
no C	01.00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC	E.
17. INFDRMANT	resorth ma.	none	
18. BURIAL, CREMATION, DR REMOVAL	O m! 1 27	Manner of injury	
Place Relegante	Date 1100. 4., 199	- Nature of injury home .	
19. UNDERTAKER Wins C. Po	rooles	24. Was disease or injury in any way related to occupation of deceased?	oc .
(Address) &	parly, and.	If so, specify	
20. FILED Much 3 , 1937 (	Allen Lee	(Signed) O. N. Carter town	M. D.
	Registrar.	(Address) (Address) (Address) (Address)	Mal.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 7 1027	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 1999.	July 5, 1927	Peritonitis .	3 days ago	
REAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RGIN RESERVED FOR BINDING

H UNFADING INK—THIS IS A PERMANENT RECO

V. S. No. 1

The state of the s	-CERTIFICATE OF DEATH 02630
1. PLACE OF DEATH	23
County Statement	Registration Dist. No.
Village or City_UDOWOOD-SANATORIUM; TUWSON:	NoSt.,War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os. 22 ds. How long in U.S. if of foreign birth?
2. FULL NAME Ruth Francis Ru	R . If U.S. Veteran epecify WAR.
(a) Residence: No. Junthucium Heights (Usual place of above)	St., Ward. Que aud County  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR SHAVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Feer)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Kirk.	122 I HEREBY CERTIFY. That I attended deceased fro
B. DATE OF BIRTH (month, day, end year) November, 2, 1899	i last saw h la alive on March 18 1937; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3.165_A_m.
37 4 16 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (more) and	Illumar Werastoss augu
work was done, as SILK MILL, MM Home.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 14	
2. BIRTHPLACE (city or town) New York State (State or country)	Other Contributory Causes of importance:
10 start	Name of operation WWY Date of
(State or country)	Name of operation Date of What test confirmed diegnosis?
15. MAIDEN NAME Cla Seavison	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) New York State	Accident, suicide, or homicide? Oate of injury, 19
(State of County)	Where did injury occur?(Specify city or town, county and State)
Personal HistoryHospital Record	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address Endowood Sanatorium, Towson, Mc 18. BURIAL MEMATION, OR REMOVAL Oliver Day, a.a.C.	
Place Minulatife Oate MAN 2 1, 193	Manner of injury
19. UNDERTAKER John & Denny (Address 7/5 Light 194	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 3/8 , 137 De GWALL MANNE.	(Signed) Na Bulges M.  (Address) Towson, Md.
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ı	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 8 1937			
Other contributory causes of importance;	8	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

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V. S. No. 1

RGIN RESERVED FOR BINDING

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02631

1. PLACE OF DEATH	81)
County Baltimore	Registration Dist. No. 30
Village or City Catonsville	No. Spring Grove State Hospita Ist, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daath occurred5yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)mos11ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Joseph Michael Klees	If U. S. Veteran, specify WAR
(a) Residence: No 304 S. Norris Street Balto., Md. (Usuaiplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WI OR DIVORCED (write to single	owerd)  21. DATE OF DEATH  March 16  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) 1869 when	100   i last saw h im eliva on March 16 19 37; death is sai
. AGE Yeers Months Days If LI	SS than to heve occurred on the date stated above, at 7:25 p.m. m.
or	
8. Trada, profassion, or particuler kind of work done, as SPINNER, peddler SAWYER, BOOKKEEPER, etc.	Lung abscess; not due to tuberculosis; Feb., 1937
kind of work done, as SPINNER, peddler SAWYER, BOOKKEEPER, etc  Judustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Dete deceased lest worked et this occupation (month and	But due to configurate following pursumanias.
10. Dete deceesed lest worked et this occupation (month and yeer) 11. Total time (years spant in this occupation	? Duration : for many roseks. CoolfR.
2. BIRTHPLACE (city or town) Baltimore, Md.  (State or country)	Other Contributory Causes of Importance:  Congenital paraplegia
1 7 3 (0) 2 702	Mental deficiency
Germany	M.O.
(State or country)	Name of operation
15. MAIDEN NAME Mary Crow	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Crow  16. BIRTHPLACE (city or town) Maryland (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT Hospital records	Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass)  8. BURIAL, CREMATION, OR REMOVAL  Place  Place  2	Mannar of injury
9. UNDERTAKER Jung Jum Hung.	24. Was disease or injury in any way releted to occupation of daceesed?
10. FILED 3/17 , 19 Alexander	(Signed) Can C. Colla M. (Address) Spring Grove St. Hospital

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of dea of importance were as follows:	nample 1 th and related cau			Example II  The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	N	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1931	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU '	V	July 5 1927	Peritonitis	3 days ago
	Townson, and the second				
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	· 1 year

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or STA	TE OF	MARY	LAND-	-CERTIFICA	TE OF	DEATH
1. PLACE OF DEATH	1 -	_		- 21		BC

County Baltuise	Registration Dist. No. 33
Village or City Reisterslown	. NoHt. Cleasant Sanstrues "
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mos,
>11 110	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. FULL NAME 1/15 /Clony	as Day
(a) Residence: North Heurent in at view 1	Melikeria Ward 4  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	
M W OR DIVORCED (write	the ward) March 30 102 7
ia. If married, widowed, or divorced HUSBAND of	
(at MIET of Fellian Clonge	22. I HEREBY CERTIFY, That I attended deceased
B. DATE OF BIRTH (month, day, and year)	1 last saw paralive on March 30,1932; death is
	LESS than to have occurred on the date stated above, at 2.3 a.m.
" A 1 2 1 1 dey	The PRINCIPAL CAUSE OF DEATH end related causes of importance
	min. were es follows: Date of o
kind of work done, as SPINNER, Walloweldo SAWYER, BOOKKEPER, etc. Valloweldo	RD
9. Industry or business in which	you Vulmaray Tuberculous
work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	ris)
year) spent in the	
12. BIRTHPLACE (city or lown)	Other Contributory Causes of importance:
(State or country)	- Languegal Tubercular
13. NAME John / Clompus	a springer vivi successive
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stale or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Bessie Fuist	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Slate or country)	Where did injury occur?
7. INFORMANT Appetral Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manage of inture
Place Heller Treng Date 3/30/	Manner of injury
Q. 4 4 101	Nature of injury
9. UNDERTAKER (Address) 1439	24. Was disease or injury in eny way related to occupetion of deceased?
(Audiess)	If so, specify B
10. FILED Mely 31, 1937 OKant Ke	(Signed)
(	Registrar. (Andress) . My . Fleaded Sand L. L. Late Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No flee Line Land

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  'Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 4PR 7 1003	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

A PERMANENT RECORD. Every item of infor-OCCUPA plnods Jo PHYSICIANS statement Exact EXACTL classified. certificate. properly stated WITH UNFADING INK-THIS IS back should it may on so that instructions supplied. in plain terms, See be carefully important OF DEATH -WRITE PLAI plnods rion is CAUSE mation

STATE OF MARYLAN	ID-CERTIFICATE OF DEATH	1120	(1)
. PLACE OF DEATH	97)		
County Baltimore Village or City Pikesville	Registration Dist. N		
Length of residence in city or town where deeth occurred 83yrs,	No. 6 Walker Ave.  (If death occurred in a horpital or institution, give its NAME instead mos. ds. How long in U.S. if of foreign birth? y	of street and nu	ımber)
2. FULL NAME Katherine G. Kraft	If U. S. Veteran, specify WAR		

ard 6 Walker Ave. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) March Female White Widow (Month) (Year). 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of Jacobin. Kraft for many years 19 to March 25 March 25 June 6th. 1853 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months If LESS than 0eys to heve occurred on the dete steted above, at 12 10Am 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 83 20 or .... min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... Nothing 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked at 11. Total time (years) this occupetion (month end spent in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town). Maryland (State or country) 13. NAME Peter J. Barnett FATHER Name of operation None 14. BIRTHPLACE (city or town) ... (State or country) Maryland What test confirmed diegnosis?\_\_ MOTHER 15. MAIDEN NAME Carter 23. If death was due to externel causes (VIOL ENCE) fill in elso the following: Baltimore Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (Stete or country) Maryland Where did injury occur?\_\_\_ (Specify city or town, county and State) Carrie Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Druid Ridge Charles G. Black 24. Was diseese or injury in env 19. UNOERTAKER 742 W. North Ave. (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	į.	Example II	
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Arteriosclerosis GFCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. AD. Every item of infor-ALY, WITH UNFADING INK-THIS IS A PERMANENT REC RGIN RESERVED FOR BINDING WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02634
1. PLACE OF DEATH	94-2
County Galhmore	Registration Dist. No. 0
Village or City / 670200	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ALL. C & apply	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced	21. DATE OF DEATH (Month) 29 , 193 (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than  I day,hrs.	22. I HEREBY CERTIFY. That I attended deceased from the 29, 19 37, to 2000 29, 19 3 1 last saw halve on the date stated above, at 54 1/m.
0   4   /7   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Coronary Shromtores 3,29
12. BIRTHPLACE (city or town) / Cichfield hy (State or country)	Other Contributory Causes of importance: Lovonsey & Chroces Cerocal Felence & Claroces
13. NAME HONE Stuckets  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or/counly)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19,  Where did injury occur?,
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. Date  19. Date	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE  an account of Culobbeau Seath  Manner of injury  Nature of injury
19. UNDERTAKER (Agdjess)  20. FILED AND 197 AND Registror.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) A Sure A Sure M.  (Address) A Sure A Sure M.  (Address) A Sure A Sure M.  (Address) A Sure A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

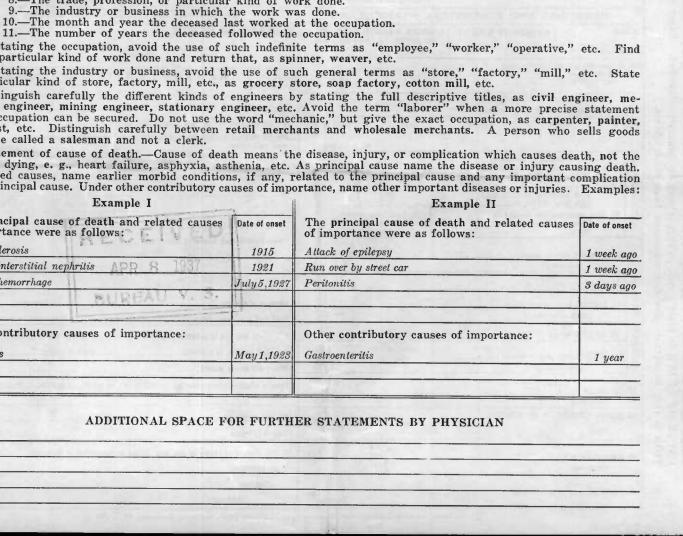
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Chronic interstitial nephritis APR 8 1987	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

**FION** is very important.

B.—WRITE

should state

OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

119095

1. PLACE OF DEATH	OZITI IONIZ OT DZATIT (COO)
A T.	(15-6)
	Registration Dist. No.
Village or City Pelacy	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Thomas marcelles La	mahaes If U. S. Veteran, specify WAR None
(2) Residence: No. La Do Mal	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Male	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of Maclie C. Warby	22. J. I HEREBY CERTIFY, That I attended deceased from  24. 11 - 1937, to Mar 2 - 1957
0 + + 1851	I last saw h. Lon alive on Man 1st , 1937; death is sald
6. DATE OF BIRTH (month, day, and year) (leg   21   1   5   7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 6.02 Am.
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of one of Date of ones
kind of work done, as SPINNER Caston Alexan wat I Return	Benerales of Exterior Coroses: 2
Industry or business in which	Many
SAN MILL, DAIN, GL.	glais
10. Date deceased last worked at this occupation (month and 906 spent in this 37 yrs occupation 37 yrs	· · · · · · · · · · · · · · · · · · ·
h 1-	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / les les la	Francis preumoura 2/28/3"
13. NAME John Langhan	
	Name of according
(State or country)	What test confirmed diagnosist Academic Was there an autopsy?
15. MAIDEN NAME MANY Demons	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ballings 171	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Paller Carty Lander (Address) Saurol me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
ostoe oudon all Date Mich 17, 193	Nature of injury
19 UNDERTAKER Llog & Keiser	24. Was disease or injury in any way related to occupation of deceased?
(Address) Laurel m	If so, specify
20 FAICh 2 1037 Stable	(Signed) M. D.
Parison	(Address) D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 1 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year


V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02636
1. PLACE OF DEATH	948 OB
County Baltimore	White Hall Pristration Dist. No. 35
Village or City Gorsuch Mills	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a no-pital of institution, give its 14-AVIC instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Price Lehma	N
(a) Residence: No. 941 Cast Ring (Usual place of abode)	St., Ward. 12 Horse Ca.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MILE 10 1937 (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY, That I attended deceased from
201-24 1671	profified the de. 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 Pem.
6 6 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1. 8 Trade profession or particular	Date of onset
Kind of work done, as SPINNER, Salesman SAWYER, BOOKKEEPER, etc	Oselmin Coronary artini
on Work was done, as SILK MILL	
work was done, as SILK MILE	<b></b>
SAW MILL, BANK, etc	<u> </u>
work was done, as SILK MILE SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Springful Inp.	Other Contributory Causes of importance:
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Sprungfield The (Stete or country)	Other Contributory Causes of importance:
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Sprunigful The (Stete or country)	
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)	Name of operation
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town). Spring field Thy (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town). Spring field Thy (State or country)	Name of operation
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  11. Total time (years) spent in this occupation  11. Total time (years)  Spent in this occupation  12. BIRTHPLACE (city or town)  State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME	Name of operation Date of
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Springful The Cocupation (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) Springful The Cocupation (State or country)  15. MAIDEN NAME Christman Thank	Name of operation Date of
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address) 5) 5 Agant St. Mark, Park, Park  18. BURIAL, CREMATION, OR SEMOVAL	Name of operation
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address) 5 7 5 gants St. Agard, Pa.	Name of operation
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address) 5 7 5 9 9 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of operation Date of
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Springful The (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) Springful The (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Springful The (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR SEMOVA) Place A STATE TO S	Name of operation

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1937	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ż

1.	PLACE OF DEATH .	(3) ADV
	County Dallimore	Registration Dist. No. ろる
	Village or City Chrings Mills Mid.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		s. 22 ds. How long in U.S. if of foreign birth?
2.	FULL NAME Darothy Helen Len	venson
	(a) Residence: No. 2025 Bentalow St.	St. Ward.
-	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	female White OR DIVORCED (write the word)	21. DATE OF DEATH  March 20, 193 37  (Month) (Day) (Year)
Sa. I	If married, widowed, or divorced HUSBAND of	22.   I HEREBY CERTIFY, That I attended deceased from
_	(or) WIFE of	admission Feb. 26 19 32 to murch 20, 19 37
6. D	ATE OF BIRTH (month, day, and year) 11/4/20	I last saw her alive on March 19, 1937; death is said
. A	GE Years Months Days If LESS than	to have occurred on the date stated above, at/_@:m.,
	16 3 3/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular Sumate Rosewood kind of work done, as SPINNER.	1. Edema of the Glottis
	SAWYER, BOOKKEEPER, etc. State of Yumanage	(Caryngitis and Simusitis) 3/18/3.
2	work was done, as SILK MILL, Sekool, Owings SAW MILL, BANK, etc. Turely and	2. My beardeal Susufficiency Cong
OCCUPATION	TO. Date deceased last worked at this occupation (month and spent in this	3. come neparates will 1/2/10/2
	year) occupation	and a contraction of the
12. 1	BIRTHPLACE (city or town) Baltimare, Ind.	Other Contributory Causes of Importance: 4. Mungalian Imherile Cona
-	(State or country)	
	13. NAME Jaseph Levenson	
LAIH	14. BIRTHPLACE (city or town)	Name of operation Anne Date of J. J. J.
-	(State or country) / wasen	What test confirmed diagnosis? The your Start Was there an autopsy? No
MOINER	15. MAIDEN NAME / Cesa Levithan	23. If death was due to external causes (VIOLENCE) fill In also the following:
2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(State of County)	Where did injury occur? (Specify city or town, county and State)
17. 1	NFORMANT Sustitutional (Scotts)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placefulring Pur Date 3/21/3,19	Nature of injury
9, l	UNDERTAKER JOHN JULIAN GALDESS 11439 & Balloss	24. Was disease or injury in any way related to occupation of deceased? NO.
20 1	FILED MIN 2/ 19.37 ARund week	(Signed) Harry G. Butler, M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . MIREAU V. 3.	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

	-CERTIFICATE OF DEATH 02638
1. PLACE OF DEATH	108
County / 3 alto	Registration Dist. No. 4-2
Village or City Circuities.	No. 1020 Lesdo ave st., Ward
Length of residence in city or town where death occurred 80 yrs. 4 mos	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. 9 ds. How long in U.S. if of foreign birth?
7. FULL NAME Ssabelle Lingen	nan
(a) Residence: No. 1020 ZEEdo avt (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March. 37d (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Huny: B Luguman	22. # I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) October 1856	I last saw h. ER alive on Mary 3 19 9 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1152 m.
80 4 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	were as follows: The Preuma Date of onset 2/13/
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Balt City (State or country)	Other Coutributory Causes of Importance:
William Stranger Source.	
13. NAME COURT AOUR	
14. BIRTHPLACE (city or town) 13 22 3 med (State or country)	Name of operation
al Dal sealed	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME SAUVELLA GRAVE  16. BIRTHPLACE (city or town) SAUVE  (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19,  Where did injury occur?, 19,
17. INFORMANT Mos Horner Benner (Address) Maple av. (Halettocke)	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place With Edice. Date 3 - 6 193	Manner of injury
19. UNDERTAKER BEMAND & Husle (Address) 121 & Miss of	24. Was disease or injury to any way rabbe to occupation of deceased? RD
201411EB/Ach 4, 1937 Dar Mufieffer	(Signed) 1945 N Raft M M. D

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TELLICEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

1. PLACE OF DEATH					7	
County Baltimore			93	Registration Dis	st. No.	)
Village or City Catonsvil		(If d	leath occurred in a hospital or i	Choice Lan  notitution, give its NAME in	astead of street and	Ward
2. FULL NAME Katherine				apecify WAR		103+
2. FULL NAME ABUTTET THE	Torington C	4		apecity WAR		***************************************
(a) Residence: No.1812 W.	(Usual place of abode	)	St.,Ward.	If nonresident giv	e city or town and	1 State
PERSONAL AND STATIST		1	MEDICAL	L CERTIFICATE		
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEAT	H Mun	- 19	., 193. <b>7</b> . (Yaer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John J.	Linney		22 HERE 78	BY CERTIFY,		
6. DATE OF BIRTH (month, day, and year) NC	v. 19,1859		I last saw h alive or	Tur	, 19 37	.; death Is said
7. AGE 777 Years Months	1 day	LESS than ,hrs.	to have occurred on the date Tha PRINCIPAL CAUSE OF were as follows:			Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	one		Coron	En En	leolin	3/19/
work was done, as SILK MILL, SAW MILL, BANK, etc				······		-
10. Date deceased last worked at this occupation (month and year) coupation.		S	3			
12. BIRTHPLACE (city or town) Vashin (State or country) D. C.	gton		Other Coutributory Causes of	importanioe:	= 5 Chron	3
13. NAME Jacob ). Hutton		Duration: to	or years. Cure	AP .		
13. NAME JECOD  14. BIRTHPLACE (city or town) (State or country)			Name of operation	e me	Data of	autoney? 24
15. MAIDEN NAME Kate S	utor		23. If death was due to extern			
15. MAIDEN NAME Kate S  16. BIRTHPLACE (city or town) (State or country) Haryla	nd		Accident, suicide, or homicid Where did Injury occur?	e? Da	te of injury	, 19
17. INFORMANT Mrs. Rita Hai	gley, gton St.		Specify whether injury occur	(Specify city or to red In INDUSTRY, In HOMI		
18. BURIAL, CREMATION, OR REMOVAL Place Congressional		22/57.	Manner of injury			
19. UNDERTAKER 41 01 Jamond	son ve.		24. Was disease or injury in a	any way related to occupati	on of deceased?	74
20. FILED. 3/7., 13	Holand	Registrar.	(Signed) (Address) 7	21 mis	han	age .
If more	blanks are need a, address S.	tate Registrar, 2	1411 N. Charles Street, Baltimo	re, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephrilis ADD 2 137	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage APR 1 1927	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

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	V E	50	nt o
	Ever	IA	mer
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	OR	HY	t s
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	田田	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
	RIT	lon	USE
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mat	CAI

N. B.—WRITE PLAINLY, WI

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MADVI AND	CEDTIEICATE	OF	DEATH	0904
STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH	0264

1. PLACE OF DEATH				
County Baltemore	Registration Dist. No. 37			
Village or City Dockeysmille	No. Masonic Annes of Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence In city or town where death occurrad2yrs,(_Omos	9 ds. How long in U.S. if of foreign birth? 4 5 yrsmosds.			
2. FULL NAME John Fredle Longuer	th If U. S. Veteran, specify WAR			
(a) Residence: No. Harrie Thrush of Sull (Usual place of abode)	Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Nor DIVORCED (write the word) Male Marie	21. DATE OF DEATH  March  (Month)  (Bay)  (Yeer)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I altended daceased from			
a to	December, 1935, to March, 1937			
6. DATE OF BIRTH (month, day, end year) Uclobur 34 - 1861  7. AGE Years Months Days If LESS than	t last saw hamma aliva on Mcu 9 , 1937; deeth is said			
Mul H in 1 lday hre	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related courses of importance			
79/5 4 9 ormin.	wera as follows:			
8. Trade, profassion, or particular Sales on an kind of work done, as SPINNER, Sales on an Poliahes				
SAWYER, BOOKKEEPER, etc Ortal stage U ollando	Carcinoma of sight side			
work was done, es SILK MILL, SAW MILL, BANK, etc.	fire togale on melous montele 135			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Orland school Orlandso  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (mentioned 49.3.2. spent in this year)	musele Cent of theek Spreak to tone of			
1 1100 1. 1. 81 6	Other Contributory Canses of importance:			
12. BIRTHPLACE (city or town) Shormhall Jorkshure, Inglan (State or country)				
13. NAME Thomas Jonewith				
14. BIRTHPLACE (city or town) Thornhill England	Nama of operation Data of			
(State of Country)	What test confirmed diegnosis? Was there an autopsy?			
15. MAIDEN NAME Lucian Cellott	23. If daath was dua to external causes (VIOLENCE) fill In also the following:			
16. BIRTHPLACE (city or town) bugland	Accident, suicide, or homicide? Date of injury19			
X (State or country)	Where did injury occur?			
17. INFORMANT Saura H. Schooles (Addrass) Managing Johnson of Sond	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	M			
Place forscience Park Date Mary 11 , 1932	Manner of injury			
19. UNDERTAKER Josh B. Color C. Addrass J. L. B. Color C.	24. Wes disaase or injury in any wey related to occupetion of deceased?			
20. FILED March / Th. 1927 St Drack M. D.	(Signed) Hilliam Jr. Shillman M. D.			
Registrat.	(Address) 6 E. Biddle St			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis STATE S	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.	1 4				
Other contributory causes of importance:	-1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS	$\mathbf{BY}$	Y PHYSICIA	N

V. S. No.

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of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02642
1. PLACE OF DEATH	(3)
County Baltimare	Registration Dist. No.
Village or City Gledener Rd. Cowneys	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or flown where death occurred	
2. FULL NAME Grana Barbara Ma	St Water Proceeding
(Usual place of abode)	If nonresident give My or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March. 3  (Month) (Oay) (Year)
5d. If married, widowed, or divorced HUSBANO of (or) WIFE of heathern herends and John	22. I HEREBY CERTIFY. That I attended deceased from Journal 12, 1937
6. DATE OF BIRTH (month, day, and year) reat heavy	I last saw h. e. alive on Massin 12 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_O_Am.
62   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPHNER, SAWYER, BOOKKEEPER, 100.	Welsio-Telerote Cardio - 1 yr.
9. Industry or business in which work was done, as SILK MILL, a SAW MILL, BANK, etc	with foggetension
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lithurania (State or country)	Other Contributory Causes of Importance:
13. NAME Kerlansley	
14. BIRTHPLACE (city or town) Letterance (State or country)	Name of operation
15. MAIOEN NAME Genera Kerlanchy.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Letherania (State or country)	Accident, suicide, or homicide?0ate of injury, 19
17. INFORMANT many mundrand:	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy audiener Oate Mars. 16, 1937	Nature of injury
19. UNDERTAKER Shu Strafficuckge (Address), 423 Faca 185	24. Was disease or injury in any way related to occupation of deceased? III
20. FILEO 3/15 , 193) John Comelly Registry.	(Signed) MMMMGManne M. D.  (Address) Credgle M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ADR 7 1937	July 5,1927	Perilonitis	3 days ago
LAUV. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

02643

	1. PLACE OF DEATH	
	County Scotlework	Registration Dist. No. 30
	Village or City Catorianelle	No. I Paysow Ward death occurred in a horgital or institution, give its NAME instead of street and number)
		ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Dichard Mellor Ma	resdense. S. Veteran, specify WAR
	(a) Residence: No. 8 Fay pow Qut. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (win) the word)	21. DATE OF DEATH March 5 (Day) (Yebr)
	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
certificate.	6. DATE OF BIRTH (month, day, and year 18.7. 8 1926 7. AGE Years Months Days If LESS than I day, -hrs. or	I last saw h alive on, 19, 19; death is said to have occurred on the date stated above, at \$\int_30_Am\$.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Jo	8. Trede, profassion, or particular kind of work dona, as SPINNER school Bay.  SAWYER, BOOKKEEPER, atc.	Strangulation Date of onset
n back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	0
instructions on	10. Oate deceased last worked et this occupation (month end 3/4/31 spent in this occupation / year)	Other Contributory Causes of Importance:
ructio	12. BIRTHPLACE (city or town) Sally (State ocepuntry) Mary Lucy	on John wholler
nst	13. NAME Spea Meller Marsden	1 Donanes
See 1	14. BIRTHYLACE (city or town) Catausille (state or country)	Name of operation Dete of What test confirmed diagnosis? Was that an autopsy? No-
نب	# 15. MAIDEN NOEthel M. Reloff.	23. If death was due to external ceuses (VIOLENCE) fill In also that following:
portan	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Ascident Oate of Injury Mark 5, 19 7.  Where did Injury occur? his home Catanaka Tudy
very important.	17. INFORMANT M. J. M. Marsher (Addrass) Y Welly ave - Catourille.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
IS	18. BURIAL, CREMATION, OR REMOVALY CLUM, Dete MOW. 5, 1937	Manner of injury Nech + to Sand of Bed
TION	19. UNDERTAKER Carton Soco (Address) Lleat City	24. Wes diseese or injury in any way related to occupation of daceased?
	20, FILEO marsh 7, 1937 marshall B west	(Signad) markall B west 1 M.O.

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9.—The industry or business in which the work was done.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenterilis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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2704

V. S. No. 1 .

	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	n of	onle	00	
	iter	sh	Jo	
	ery	NS	ent	/
	E	CIA	E/	
	KD.	SI	Sta	
	5	PH	let	
	RE		Exa	
	LZ	LY		
	NE	LO	ifiec	
	MA	Y	ass	
	ER	EX	y c	te.
	A P	ed	perl	fica
	IS	stat	pro	erti
	HIS	pe	pe	o jo
	T.	plu	ay	ack
	IK-	shou	it m	n be
	H	H	at	S 01
	ING	AG	o th	tion
	AD	d.	S, S	ruc
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	ILY	e ca	TH	s very important. See instructions on back of certificate.
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1044
1. PLACE OF DEATH		92-2	_
County Saltimore		Registration Dist. No. 26	)
Village or City Freelan	d, R. D.	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where deet		ds. How long in U.S. if of foreign birth?rsr	
2. FULL NAME Seren	a M. Maser	707-C. If U. S. Veteran, specify WAR	
	and Ind R.	Ost., Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICATION OF THE PERSONAL AND STA	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Fremale White	OR DIVORCED (write the word)	Mar. 28 (Month) (Day)	, 193 <u>7</u> , (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  WIFE of	Masemore.	22. I HEREBY CERTIFY, That I attended  Man. 25, 1937, to Man. 2	The state of the s
6. DATE OF BIRTH (month, day, and yeer)	us 16th 1872	1 lest saw h LD alive on Mass. 27-,1937	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at Zelsia.m.	
64 9	12. 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT11 and related causes of Importance were as follows:	Oate ol onset
8. Trede, profession, or particular kind of work done, es SPINNER.	1 . ot C.		
SAWYER, BOOKKEEPER, etc.	nooreacher	That Regargation,	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10: Date deceased last worked at		<i>f</i>	
O this occupation (month and / 0 / 8	11. Total time (years) spent in this		
year) - Allay - 1-1-1-1:	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) The (State or country)	Ca Mid		
	maria	Coma Omano	
13. NAME GOOD TOWN THE LEGISLATION OF THE LEGISLATI	and.	Name of operation Date of	
(State or country) Balto	. Co. Md.	Whet test confirmed diagnosis? Was there an	
15. MAIDEN NAME Jamesa Jan	« Wilhelm	23. If deeth was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Jamaa Jan 16. BIRTHPLACE (city or town)	elland,	Accident, suicide, or homicide? Date of Injury	
(State or country) Salte	. Co. Jud.	Where did Injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address) - Truland	ne de	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION OR REMOVAL	0.	Manner of Injury	
Place A Stelly House	pate March 3/, 1937.	Nature of injury	
19 UNDERTAKEN KULL I Har	tensleyes	24. Was disease or Injury In any way related to occupation of deceased?	no
(Address) New Free	down 9a,	If so, specify	
20, FILED Mch 29 , 1937 8am	ruel D. Mille	(Signed)	y. 1
	Do Registrar.	(Address)	ruda

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	5	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECURD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02645
	1. PLACE OF DEATH	
	County Balto.	Registration Dist. No.
4	Village or City Back Rim Much	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
		sds. How long in U.S. if of foreign birth?yrsmosds
	2. FULL NAME Charles matth	
	(a) Residence: No. Back Ring Nuck (Usual place of abode)	Rot: Ward. 15th I a Porer If nonresident give city or town and State
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 1937 (Month) (Day) (Car)
1	5a. If married, widowed, or divorced	
	HUSBAND of Mellie Spires	22. THEREBY CERTIFY, That I attended deceased from
1	6. DATE OF BIRTH (month, day, and year) 1880 Omil	Hast saw h was aligned March (193) : death is said
1	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and 30/H-m.
	56 10 00 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	2 Trade profession or particular	Oate of onset
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 / 10 1. 10.0-1-
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Men & Carden Malalan 7/37
	10. Date deceased last worked at 11. Total time (years)	The Muse Att
	this occupation (month and year) spant in this occupation	Mane / My Engles
	12. BIRTHPLACE (city or town) Balto ny di (State or country)	Other Contributory Causes of importance!
	13. NAME John Matthews	
	14. BIRTHPLAC (city or town) Quidro	Name of operation. Zuone Date of
Н	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Boloma Sungul	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
1	∑ (State or country)	Where did injury occur?
	17. INFORMANT Gotter In Matthews (Address) Back Roser Willy	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OF DEMOVAL Place 1 4 Ledlemen Date 3/3 1937	Manner of Injury
1	19. UNDERTAKER John G. Connelly (Address)	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED 3/2 , 1937 John & Cornelly Registry	(Signed) suple F. Jonemys M. 1  (Adjuss) Blugue neda Corre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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i	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
		110000	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		==1120,11	
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

2.	

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH

0.264	U	P

1. PLACE OF DEATH		108	
County Baltimore	LA 1	Registration Dist. No.	30
Village or City Calons	ville Md	No. 140 Winters Clas	St.,Ward
Length of residence in city or town where de	7/	death occurred in a hospital or institution, give its NAME instead of ab	
1.1-11	HWILTH	If U.S. Veteran specify WAR.	
2. FULL NAME WELL	inty. Huiche		
(a) Residence: No. 140 W	(Usual place of abode)	St., Ward.  If nonresident give city or to	own and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much	193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of			(real)
(or) WIFE of		22. HEREBY CERTIFY, That I	
	6/ 18.00	I last saw h Ma elive on March W	19_3_7: death is seid
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, et 12.40 m.	19C; death is seig
78	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importat	nce
8. Trade, profession, or particular	( or	were as follows: Tobar preumon	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	alvorer	(Left lovel . Loul)	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		Sembly	
10. Date deceased last worked et this occupation (month end yeer)	11. Total time (years) spent in this occupation		
IZ. BIRTHPLACE (city or town) Charl (State or country)	les Com	Other Contributory Causes of Importance:	
1	bourn		
13. NAME Un		Neme of operation	
(State or country)	Ma	What test confirmed diegnosis? Was t	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Rown	23. If death was due to external causes (VIOLENCE) fill in elso the	following:
16. BIRTHPLACE (city or town)	<i>b</i> 4	Accident, suicide, or homicide? Date of Injury	
(State or country)	##	Where did injury occur?(Specify city or town, county	and State)
17. INFORMANT Jalue Ma (Address) 122(1)	Mhews	Specify whether Injury occurred in INDUSTRY, in HDME, or In PU	BLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Date 3/3/ 1937	Manner of injury	
9. UNDERTAKER JAMES (A) (Address) 5 70 101	Hemsley	24. Was disease or injury in eny way related to occupation of decea	
20. FILED 3/3 , 19.3.7 M	Velulu	(Signed) (Address) 102 wints	Harello M. D
If more b	Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	×

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
12-07	82-2
County Pallemone	Registration Dist. No. 20
Village or City / awon, Md.	No. Message St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s
2. FULL NAME Charmon Mattigon	
Mi hules I was	If U. S. Veteran specify WAR
(a) Residence: No (Usual place of abode)	St., Ward. Jally Market give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tello White Wadowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	Name of the state
(or) WIFE of John Mattern	22. I HEREBY CERTIFY. That I ettanded decaased from
1. 14 10/7	4141 /6 33
6. DATE OF BIRTH (month, day, and year)  7. AGE (bars   Months   Days   If LESS then	to have occurred on the data stated above, at 1240 P.
25 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Returned	Physley - 20ths
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased lest worked at this occuration (month and	The state of the s
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
- I this occupation (month end   Spent in this	
yaar) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	0.1.
(State or country)	arterio recerosis
13. NAME William Bishop	bysettersian un.
4. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary aus. Sansith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. J. E. Ellist Quely	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Musey, Mid.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place W. Carrier Bu Date Mag. 1-7, 19	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased? US
	21. The disease of injury in any way farates to occupation of secasses.
19. UNDERTAKER John O. Mittell Dong.	If so, specify

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH	02648
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1. PLACE	OF DEATH Baltimore			- 81)	Desistantian Dist. No. 44	
Village or	city Raspeburg	3	(li	No. Kenwood	Registration Dist. No. 4.  AVe. & Trumps Mst.  or institution, give its NAME instead of street a  J.S. If of foreign birth?	L1 Road
	AME Edward Ga				teran, specify WAR	
(a) Resido	ence: No. Kenwood	(Usual place	of abode)	LIgt., Au - Ward.	If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICA	AL CERTIFICATE OF DEATH	1
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEA	arch 16th, (Month) (Dey)	, 193
5a. If married, wide HUSBAND of (or) WIFE of		Miller		22. I HER	EBY CERTIFY, That I attend	
6. DATE OF BIRTH	H (month, day, and yeer) A]	oril 3.	1870	I lest saw h alive	on March 16 , 19 d	2; deeth is sald
7. AGE Y	ears Months	Days	If LESS than I day,hrs.	to have occurred on the da	ite steted above, et 10:16m, P. M. F DEATH end releted causes of Importence	
9. Industry of work w	fession, or particular i work done, es SPINNER, Perk, BOOKKEEPER, etc	n Paper			Le Premour	Date of onset
year) .	ased lest worked et cupetion (month end 1930		me (years) nt in this 25 upation 25	Other Contributory Causes	of importance:	
12. BIRTHPLACE (	city or town) Balto.	•		101.	Co traco Pol	
₩ 13. NAME ]	Daniel Miller	p		- Chronic	,UMMINA.C. I.A. LAO.	myceuse
	CE (city or town) Bald	to.			Date (	
S IS. MAIOEN N	IAME Sally Gar				rnal causes (VIOLENCE) fill in elso the follo	
15. MAIOEN N 16. BIRTHPLAI (State	CE (city or town) OW ing	gs Mills	•	The state of the s	olde? Date of Injury	, 19
17. INFORMANT _ [ (Address)	Mrs. Miller Kenwood Ave.	& Trumps	MIII Ra		(Specify city or town, county and urred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	ation, or removal ruid Ridge	Date Mar.	19 ,19 37			
19. UNDERTAKER . (Address)	Lassalw 7 7401 Belain	r Road	Home	24. Wes disease or injury in	any wey related to occupation of deceased	/
20. FILED	18 ,1937 5 a	Fritz 1	n . D , Registrar.	(Signed)(Address)_	101 Belan Pi	M, D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		V	

X	

state Every item of infor-OCCUPAshould Jo PHYSICIANS statement RECORD. Exact PERMANENT CTL classified. V 国 properly THIS may should INK that UNFADING supplied plain terms. carefully H DEATH

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? no Wer Vot. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Months If LESS than 7. AGE Days to have occurred on the date stated above, at\_//\_. 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows: 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc ... back 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at on 11. Total tima (yaars) this occupation (month and spent in this occupation \_. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of oparation\_\_\_\_\_ (State or country) What test confirmed diegnosis?\_\_ MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Whara did injury occur? .... 17. INFORMANT plnous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury LION Neture of injury

23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. ralated to occupation of daceased? If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

That I attended deceased from

Date of onset

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RIBERT	3		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS statement Exact PERMANENT properly may so that

STATE OF MARYLAND—CERTIFICATE OF DEATH 02650 1. PLACE OF DEATH County Baltimore Registration Dist. No. Village Dr City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 35 yrs. \_\_\_\_\_mos.\_\_\_\_\_ds. How long in U.S. If of foreign birth? \_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds, 2. FULL NAME Edward Freeze Morrow If U. S. Veleran, specify WAR. (a) Residence: No. 619 Coleraine Road If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) White Male Married 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from Winifred Morrow (or) WIFE of mel 1 1927 to mel 14 Jan. 28. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years If LESS than to have occurred on the date stated above, at 10 ... m. Months Davs 16 I day, .... hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence or\_\_\_\_min. Date of onset 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. OCCUPATION Bookbinder 9, Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ atrophie arthretis Young & Seldon 10. Dete deceased last worked at 11. Total time (years)
spent in this this occupation (month end occupation \_\_ LL 12. BIRTHPLACE (city or town) Wilmington. (State or country) Delaware plain terms, FATHER 13. NAME Robert Morrow Wilmington, 14. BIRTHPLACE (city or town) ---Delaware (State or country) What test confirmed diegnosis? \_\_\_\_\_\_ Was there an autopsy? \_\_\_\_\_\_ \_\_ Was there an autopsy? \_\_\_\_\_\_\_\_ carefully MOTHER important. 15. MAIDEN NAME Emily Jordan in 23, If death was due to external causes (VIOLENCE) fill In also the following: OF DEATH 16. BIRTHPLACE (city or town) (State or country) Delawere Where did injury occur? pe (Specify city or lown, county and State) Mr. Robert Morrow Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFDRMANT ... (Address) 2103 Ellamont St. 18. BURIAL, CREMATION, OR REMOVAL Menner of injury B.—WRITE 24. Was disease or injury In any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify \_\_\_\_\_ 20, FILED\_ O attal, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D;		M.	Bowman	Hood	Gar	rison	Blvd.	17			
	-									 	

V. S. No. 1

	CERTIFICATE OF DEATH 02651
1. PLACE OF DEATH	Parintestion Diet No. 44
County Dallo	Registration Dist. No. 44
/ Village or City Fong Beach	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth?
(a) Residence: No. Trug Beach	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH #
1. O. OR DIVORCED (write the word)	March 27 the, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Le Thoughe	22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to March 27, 1937
6. DATE OF BIRTH (month, day, and year) Tray 294/879	I last saw h L2 alive on Musch 27 , 1937; deeth is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 9
57 9 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SII K MIII.	Cerebral Newsorrhage 3/26/37
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Balts (State or country) Mid.	Other Contributory Causes of Importance:
I 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- I Aud
14. BIRTHPLACE (city or town) Pallo (State or country)	What test confirmed diagnosis? Chareal Jully Was there an autopsy?
c	what test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there are autopsy? Was there are autopsy? Was there are autopsy?
16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT The Herryan Le mayne (Address) Frig Beach und.	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placeshury Caregreen Telen Date 3/30 ,1937	Nature of injury
19. UNDERTAKER John & Cennelly	24. Was disease or injury in any wey related to occupation of deceased? The lif so, specify
1 1 0 9 11	(Signed) & M.D.
20. FILED 3/30, 1957 John 9. Cennelly	(Address) Essy, Jul

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis PECELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1937	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.			
Other contributory causes of importance.	re-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE OF DEATH	02652
		0000

1. PLACE OF DEATH		942		
County Baltimore	*******	Registration Dist. No. 30		
Village or City Catonsville	9	No. 16 Melvin Avenue St. War		
Length of rasidence in city or lown where death	occurred 71 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAME John C	. Muth			
(a) Residence: No. 16 Mel	vin Avenue	St., Ward.		
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Male White	or DIVORCED (write the word) Married	(Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Juli	a Smith	22. I HEREBY CERTIFY, That I attanded daceased from		
6. DATE OF BIRTH (month, day, and year) Aug	. 28, 1865	I last saw ham elive on hard 4, 1937; death is sal		
7. AGE Years Months	Days If LESS than 1 day,hrs.	to hava occurred on the date stated above, at. 4. C.m.		
71   6	6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:		
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaased last worked at this occupation (month and year)	olesale Druggi  11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) Baltimo: (State or country) Marylan		Outerra Salerania la l		
II 13. NAME John P.	Muth	The state of the s		
H 13. NAME John P.  14. BIRTHPLACE (city or town) Ge	rmany	Name of operation Deta of What test confirmed diagnosis? Physical Was there an autopsy?		
15. MAIDEN NAME	Burger	23. If death was due to external causes (VIOL ENCE) fill In also tha following:		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  Ge	rmany	Accident, suicida, or homicida?		
17. INFORMANT Mrs. Julia Mu (Address) 16 Melvin Ave		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemete	Fey 3/8 ,19.37	Manner of injury		
19. UNDERTAKER Henry Un D. Calu	Dealy any Son	24. Was disaase or injury In any way related to occupation of deceased?		
20. FILED March 6, 19 marsh	rle B West Registrar.	(Signed) marshall Bluest M. 1 (Address) Catonswelle My		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 3, 192	Peritonitis ,	3 days ago
12 2		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,192	Gastroenteritis Gastroenteritis	1 year
- Contract of the Contract of		

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEAT	T-
JIAIL	UF	MAKIL	AINU	CLITTI		OI	DEA	

0	1)	13	1	.,	
U	4	U	0	0	

1. PLACE OF DEATH		82-6/	1
County Baltimo	rl	Registration Dist. No.	
Village or City Modsl		ND. No adstructe M. d. St., f death occurred in a hospital or institution, give its NAME instead of street and nurs. ds. How long In U.S. If of foreign birth? 65 yrs. mos.	Ward
0.0	O' Connell &		
(a) Residence: No. Wood	1 + 1 1 11	If U. S. Veteran, specify WAR	tate
PERSONAL AND STATIST	The same of the sa	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Marel 11-th	193 7
5a. If marriad, widowad, or divorced	Serge	(Month) (Day)	(Asst)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended da Max 2, 1937, to Max 11	ceasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days   If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at	death is sai
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	Jesuit Brother.	Cerebral Lemorelage	5 da
year) March 8,193  12. BIRTHPLACE (city or town) County (Stata or country)	7. lork greland  tork greland	Other Contributory Causes of importence:  Curdicul decomposition	52
13. NAME MAS R-c.  14. BIRTHPLACE (city or town)  (State or country)		Name of operation Date of What test confirmed diagnosis?	opsy? 2
15. MAIDEN NAME 41  16. BIRTHPLACE (city or town) _/_l(State or country)	<i>n</i>	23. If daath was due to axternal causes (VIDLENCE) fill in elso the following:  Accidant, suicida, or homicide?	, 19
17. INFORMANT J. C. Wheel (Address) Woodstre	ler S.J. u College Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Placa Woodstock Col	leze Data March 13 , 1937	Manner of injury	
19. UNDERTAKER / 3. Ermand (Address), 121 & M	test 31	24. Was dicesse or injury in any way related to occupation of deceasad?	
20. FILED, 19	n' Nulsar Registrar.	(Signed) 3321 follows C	ere"

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Le Ve	Table 1 to 1

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN	
	100	1
		and the same of th
	j.	May .
	10	8

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02	654
1. PLACE OF DEATH	(B7)	
	Registration Dist. No. 33	
Village or City Questustour	NoSt.,St.,St.,St.,St.,St.,St.,St.	Ward
Length of residence in city or town where death occurred 2_yrsmos		
2. FULL NAME Thomas Dwings	If U. S. Veteran, specify WAR	
(a) Residence: Ro. Riestinstown Md	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Thicke	21. DATE OF DEATH Months (Day)	193.7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of January & Owings	22. I HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) aug 24 1862	A last saw Man alive on Man 1937	death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/2 m.	
73 6 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Data days A
Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chara Dil of Heart	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	-	
10. Date deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town) Balto Co	Other Coutributory Causes of Importance:	Wast?
(State or country)	societies	
13. NAME Bralle Quings		
13. NAME Bralle Coungs  14. BIRTHPLACE (city or town) Mod	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIOEN NAME Ochsah Jessop  16. BIRTHPLACE (city or town) - Md	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) MAGO	Accident, sulcide, or homicide? Oate of Injury	, 19
∑ (State or country)	Where did injury occur?	
17. INFORMANT Les G. Jessop (Address) Rustustour Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  The specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  The specify city or town, county and State  Specify city or town, county and State  The specify city or town, county and c	ĆE.
18. BURIAL, CREMATION, OR REMOVAL Place Luthern Cam. Date May 22, 1937	Manner of Injury	
10 HADERTAKER & F. Eline & Sons	24. Was disease or injury In any way related to occupation of deceased?	
19. UNDERTAKER (Addioss) Pustustown Md	If so, specify A	
20. FILED Mes 24, 1937 A Munificia	(Signed) 1. 4 + Theus Ill tilles - Zu L	М. Г

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis 95	3 days ago
		1 MAN	4 13
			The state of the s
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING	
FOR	
SERVED	

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DE Should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city or town where death occurred How long in U.S. if of foreign birth? ORD. Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. DIVORCED (rupite the word) stated EXACTL das 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end veer) properly 7. AGE Months Days If LESS than to heve occurred on the date steted abova, et .. The PRINCIPAL CAUSE OF DEATH and related causas of importance or ..... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_ CUPATION AGE should may back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc ... on 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spant in this that occupation \_ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied plain terms. FATHER See 14. BIRTHPLACE (city or town) \_\_\_\_. (State or country) carefully What test confirmed diagnosis? - Classica MOTHER very important. 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicida, or homicide? \_\_\_\_\_\_ Date of Injury \_\_\_\_\_ 19. OF DEATH 16. BIRTHPLACE (city er town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 18. BURIAL, CREMATION. Manner of Injury TION is mation Nature of injury (Addrass) If so, spacify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No.

If nenresident give city or town and State CERTIFY. That I ettended deceased from Cate of onset 1915

Was thera an autopsy? 120.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	STATE C	F MAR	YLAND-	CERTIFICATE O	F DEAT	rh ():	2656
1	PLACE OF DEATH			(13)	10.00		
/	County Baltimore Cour	ity			Registration Di	ist. No. 3	)
	Village or City Catonsvill	le		No. Spring Grove	State Hos	spitals	Ward
	Length of rasidence In city or town where		(lf	death occurred in a hospital or institution	, give its NAME	instead of street and	number)
	. FULL NAME Edward Pe						0303.
7	(a) Residence: No. 1505 W. I			If U. S. Veteran, sp	ecity WAK		
	(a) Residence: No. 1303 W. 1	(Usual place	of abode)	St., Ward.	If nonresident gi	ve city or town and	State
<u>Carrows</u>	PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CER	TIFICATE	OF DEATH	
3. 8	Male White	5. SINGLE, MAR OR DIYORCEI Mar 1	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	h Month)	7 (Day)	_, 193
5a.	If marriad, widowad, or divorced HUSBAND of (or) WIFE of Mary E. Josen	hane		22. I HEREBY	CERTIFY	. That I attended	
					, (0		, 19. 37
~		pr. 19, 1		I last saw h_1 m alive on			; death is said
7. /		Days	If LESS than  1 day,hrs.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH a			
-	69 10	18	ormin.	wera as follows:			Date of onset
NO	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Machinis		Arterio sclerosis Chronic nephritis			Prior to
OCCUPATION	Manuatry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Railway			*		1937.
000	10. Date dacaased last worked at this occupation (month and year) 1932	11. Total ti	ma (yaars) ntin this Life upation Life				
12.	BIRTHPLACE (city or town) Avalor (Stata or country) Ma	rvland.		Other Contributory Causes of importa	nce:		
œ	13. NAME Joseph Peac						
FATHER				Nema of oparation None		Date of	
-	14. BIRTHPLACE (city or town)			What tast confirmed diagnosis?C			
HE	15. MAIDEN NAME Sarah A. H			23. If death was due to axternal causes			
MOTHER	16. BIRTHPLACE (city motory)	land		Accident, suicida, or homicide?  Whare did injury occur?			
17.	INFORMANT Spring Grove St (Address) Catonsvi	ate Hosp.		Specify whather injury occurred in 18	IDUSTRY, In HOM	own, county and Sta E, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OF REMOVAD	Date 3 -	9 ,193.7	Manner of injury			
	UNDERTAKER A CONTROL (Addrass) 200 W 70	eh a	Role	24. Was disaase or injury in any way  If so, spacify  (Signad)	related to occupat	fon of deceased?	NQ M D
20.	FILED 19 19 If more	War Olden	Registrar.	(Addrass)	bers.	rlle.	ned

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			A.	11		

V. S. No. 1 N. B. of OCCUPA-

MOTHER FATHER

STATE OF  1. PLACE OF DEATH  County Baltimore	MARYLAND—	CERTIFICATE OF DEATH U20	57
Village or City ESSEX  Length of residence in city or town where death or	(If	No. Wood ward Dr. & FranklinSt. At death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign blrth? 45 yrs	Ward number)
2. FULL NAME Margaret (a) Residence: No. Wood ward D		ASTO Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
OF	NGLE, MARRIED, WIDOWED, t DIVORCED (write the word) Widowed	21. DATE OF DEATH  (Month)  (Day)	,193 7-
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Henry P	eters	1 HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months  73 11	Ch 25 1863  Days   If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, \$200 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	, death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Elmus Elelis Eystela Dursmisk Wein!	dine
12. BIRTHPLACE (city or town) German (State or country)  13. NAME Wilhelm Schlut		Other Coutributory Causes of Importance:	1290
H 13. NAME Wilhelm Schlut 14. BIRTHPLACE (city or town) German (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) Not Known (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the followin  Accident, suicide, or homicide?	g: , 19
17. INFORMANT. William Peters (AddressWoodward Drive &  18. BURIAL, CREMATION, OR REMOVAL Place Wit Carmul Date	Franklin Ave	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
19. UNDERTAKER SUPPLY W. Zin (Address) 1787 2 Reput 20. FILED 3/26, 19.37 Julius	pler	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago WILLSON V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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122-5			
	Registration	Dist. No. 3/	
No. 2108 Jung th occurred in a hospital or institu ds. How long in U.S. if of		E instead of street and	
on If U. S. Veteran,			
_St.,Ward.	If nonresident	give city or town as	nd State
MEDICAL C	ERTIFICATE	OF DEATH	
L DATE OF DEATH	m 0	0.00	~
	(Month)	(Day)	, 193 (Year)
Febry Teles	Y CERTIF	Y, That I ettende	as a sec
last saw h_Qalive on	4, / /	, 2	; death Is said
have occurred on the date state	ed above, et 50	5 A-M.	
he PRINCIPAL CAUSE OF DEAT	TH and related caus	ses of Importance	1 2 4 1
acute Intes	tuela	lestructi	Date of onset
	/		22
			1937
Other Contributory Causes of Imp	ortance:		
mestinal	adtus	wing.	1901
Chronic 13	Bronch	tis	1907
lame of operationZ	0	A feedure	40 1.
Vhat test confirmed diegnosis?	strysica	Was thera a	autopsy?
l. If death was dua to external ca	uses (NIOL ENCE) fi	ill in also the follow	ing:
Accident, sulcide, or homicide?		Date of Injury	, 19
Where did injury occur?	(Sifif	taken caunt c-1C	t-t-)
Specify whether injury occurred i	in INDUSTRY, in HO	rtown, county and S OME, or In PUBLIC I	PLACE.
Manner of Injury			

If so, specify

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10 %	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN	HYSICIAN		
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	1 41	per marin		
	14			
	1:/			

	infor-	state	UPA-	
)	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE. (1D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	very it	IANS	nent. o	
	RD. E	[YSIC]	stater	
	RE	. PH	Exact	
5	KENT	TLY	fied.	
TANT	RMAL	XAC	classi	
ANGLIN INFORMATION FOR DINDING	A PE	ted E	perly	ificate
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	UNF	supplie	term:	inct
	WITH	fully	n plair	TION is your important Sae instructions on back of certificate
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	PEAT	ould t	F DE	Tropy in
)	RITE	ion sh	USEC	N. is
)	B.—W.	mat	CA	TIL
	Z			

Eastern

			F MAR	YLAND-	CERTIFICATE OF DEAT	TH 02659	
1	1. PLACE OF DEA				948)	1.1.	
1/	County Balt						
	Village or CityT	urners S	Station		No. Patapsco & Marylano death occurred in a hospital or institution, give its NAME	1 AVESt., Ward	
	Length of residence in c	ity or town where d	leath occurred3	5_yrs,mos	ds. How long in U.S. if of foreign birth?	yrsmosds.	
	2. FULL NAME_M	amie L.	Petty				
	(a) Residence: No.	Patapsco	& Mary	land Ave	St., Ward.		
-	PERSONAL AN	ID STATISTI	(Usual place of		MEDICAL CERTIFICATE	OF DEATH	
3.		OR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	OF BEATH	
		ite		(write the word)	March	10 , 1937	
_	. If merried, widowed, or divi		1 2421111	Cu	(Month)	(Day) (Year)	
	HUSBAND of (or) WIFE of Joh:	n T. Pet	ty		22. March 9 1937 to W		
	DATE OF BIRTH (month, da	Me	arch 16t	h 1872	I last saw here elive on when the	9 . 19.37 : death is seid	
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et	A.m.	
	64	12	18	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes were as follows:		
z	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Coronary Thro	Data of onset	
OCCUPATION	SAWYER, BDOKKE	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc			Thebitis		
UPA	work was done, as SAW MILL, BANK,	SILK MILL.					
S	10. Dete deceased jast wo	10. Dete deceased jast worked at 11. Totel time (veers)					
	this occupation (month and spent in this occupation occupation			pation	Other Coutributory Causea of importence:		
12	BIRTHPLACE (city or town)	Iron Mo	ountain		- Cities Godalous Classe of Importance.		
0:	(Stete or country)	MO.					
FATHER		13. NAME Carl Koch					
FAI	14. BIRTHPLACE (city or to (State or country)	own) Gern	nanv		Neme of operation	Date of	
ER	15. MAIDEN NAME C	aroline			What test confirmed diegnosis? 23. if deeth wes due to external causes (VIDLENCE) fili		
MOTHER	16. BIRTHPLACE (city or to	nwn)			Accident, suicide, or homicide?		
X	(State or country)	Mar	yland		Where did injury occur?		
17. INFORMANT John T. Petty (Address)Patapsco & Maryland Ave.  18. BURIAL, CREMATION, OR REMOVAL PleceMt. Carmel Ceme. Dete Mar. 14, 19 37  Henry Sander & Son, Inc. 19. UNDERTAKER				Ave.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.		
				14,,,,37	Manner of injury		
					24. Was disease or injury in eny way related to occupat	ion of deceased? Zeo -	
B	rogadoway & B	altimore	St.		If so, specify		
20	D. FILED 3/13/37	19 W	Mear	Registrar.	(Signed) Cicosus Fluis (Address) 7579 Eval	Corona a M. D	
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1		

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	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	380-1070	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state item of inforof OCCUPA-D. Every Exact statement UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. RGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. LY, WITH TION is very important. B.—WRITE-PL

V. S. No. 1

ż

19. UNDERTAKER

20. FILED ...

(Address)

		MARYLAND-	CERTIFICATE OF DEATH	660
/	L PLACE OF DEATH  County Baltimore		Pegistration Dist. No.	1
	Village or City Larchmont	(If	No. 2410 Poplar Drive St., death occurred in a hospital or institution, give its NAME instead of street and	
	Length of residence in city or town whare deat 2. FULL NAME James Philli		ds. How long in U.S. if of foreign birth?yrsm If U.S. Veteran, specify WAR	
	(a) Residence: No. 2410 Poplar			
gentidae	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  March 23,  (Month) (Day)	., 193 7
5a.	If married, widowed, or divorced HUSBAND of (or) WHE of Hedwig Korth P	hillips	22. I HEREBY CERTIFY, That I ettended  Mar. 14, 1937, to Mar. 22	
6.	DATE OF BIRTH (month, day, and year) Mar	ch 3,1868	I last saw h Lu alive on mar. 22 - 193;	; death is said
_	AGE Years Months 69 O	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 123 a m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Din SAWYER, BOOKKEPER, etc	ing Car Dept. & O R. R. (Retire	Chronic Myocarditis	10 473
220	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12	. BIRTHPLACE (city or town) Ireland (State or country)	•	Other Centributory Causes of importance:	
2	13. NAME James Phillips			
FATHER	14. BIRTHPLACE (city or town) (State or country)	d	Name of operation Date of Was thera an	
2	15. MAIDEN NAME	nley	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or town) Treland (State or country)	· à ,	Accident, suicide, or homicida? Data of injury Whera did Injury occur?	, 19
	INFORMANT Mrs. David D. Tho (Address) 617 North Bend R	mas Jr. oad, Balto Md.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18	BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem.	Date March, 26, 1937	Manner of Injury	
	(3) ~ ()			

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Registrat.

(Address) 305

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	
			8 2 7

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
						2	4

Dr. Isaac Dickson.

1 1991

N. B.—WRITE PLAN

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RELEGID. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSTGLANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	k of certificate.
-WRITE PLANLY, WITH UNFADING INK-	mation should be carefully supplied. AGE shou	CAUSE OF DEATH in plain terms, so that it m	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	
SIAIL OI	MARTEAND CERTIFICATE OF BEATH	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02661
1. PLACE OF DEATH	100
County Saltimore	Registration Dist. No.
Village or City Pandalls Form, md	No. St., Ward
3 (1	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Samuel Leslie Ooole	
(a) Residence: No. Panul all town Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much 31, 193 4. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Poole	22. I HEREBY CERTIFY, That I attended deceased from
1.1 19 1008	Harely 27, 193), to marely 31, 1937
6. DATE OF BIRTH (month, day, and year) July 7.  7. AGE Years Months Days If LESS than	I last saw hous alive on March 30, 1937; death is said to have occurred on the date stated above, and 30 mm.
38 8 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Me Chause  SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and some property).	Johan Julimbura 3/26
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
spantin this	
year) 9/1/0/ occupation At	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carroll Co	
(State or country) M.d.	
I 13. NAME Jamuel J. Poole.	
13. NAME Jamuel J. Porole	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Minme of Decraft.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Munnu & Beauft.  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mel.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Min. Maldred Coole (Address) Grandalls town Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place M. Clarky C. Capate april 2, 1937.	Manner of injury
19. UNDERTAKER C.M. Waltz (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Alor 1, 19.37 Non & Martine Registrar.	(Signed) Son & Marty M. D.  (Ardress Candalletown M.D.
Acgniral.	the state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 02662		
1. PLACE OF DEATH	930		
County Salterer	Registration Dist. No.		
Village or City Calace single	ND. 107 dug levede ave St., Ward		
Things of only	If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of rasidence in city or town where death occurred	ds. How long in U.S. if of foreign blrth?yrsmosds		
2. FULL NAME ( Wellew Yackson)	Touted If U. S. Veteran, specify WAR		
(a) Residence: No. 107 lue le le de CWE	St., Ward.		
(Usyal place of abode)	If nonresident give eity or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR HIWORGED divide the wolf)	21. DATE OF DEATH Way , 5 , 193 (Yaar)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
(or) WIFE of COLORAGE PALT.	22.   HEREBY CERTIFY, That I attanded decassed fro		
0 - 007	Feb - 25, 19.7, 10 March - 5, 1937		
6. DATE OF BIRTH (month, day, and saller 7 8 5 7. AGE Years Months Days If LESS than	I last saw h.i.m. alive on March 5, 19.37; daath is sa to have occurred on the data stated above, at 2.369 m.		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at. A. W. W. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
19 6 16 ormin.	were as follows:		
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Mysearditis - Chronic 3.M		
SAWYER, BOOKKEEPER, etc			
work was dona, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at, 11. Total time (years)			
this occupation (month and 9 3.0 occupation this year)			
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:  Cald T Branchitis . 3. Wes		
(Stata or country)	Leta I Literion I I A S. Net		
I 13. NAME John Porte.	Hernia Inquinal 20.41		
	Name of operation		
14. BIRTHPLACE (city of town) War Cherry (State or country)	What test confirmed diagnosis?		
15. MAIDEN NAME Sorbera Kendall	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME Salva Keudel  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(Stata or country)	Where did injury occur?		
Miss aurice Porter	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT 1985 William Votes Catournil	10		
18. BURIAL, CREMATION, OR REMOVAL A	Manner of injury		
Place Loudon bull Date Mar. 8, 1937	Nature of injury		
Entre San	24. Was disease or injury in any way related to occupation of daceased?		
19. UNDERTAKER OUTER SOLLS	If so, specify R R A A A		
20. FILED 3/7 1937 Alexander	(Signed) Stoya Stoya M.		

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset . 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR & 1831	July 5,1927	Peritonitis	3 days ago
MIRBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	TEMENTS BY PHYSICIAN
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MON is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

N. B.—WRITE PLA

PHYSICIANS should state Exact statement of OCCUPA. D. Every item of infor-MLY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	0	10	10	0
U	4	6	U	0

1. PLACE OF DEATH		93-2	2000
County Baltimore County, Catonsvill	le	Registration Dist. No. 3	0
Village or CityCatonsville, Md.  Length of residence in city or town where deeth occurred_13yrs	(lf	No. Spring Grove State Hospital St., death occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth?	Ward
2. FULL NAME Laura J. Price		If U. S. Veteran, specify WAR	
(a) Residence: No. Spring Grove State Hospi	i tal	St., O Ward.	
PERSONAL AND STATISTICAL PARTICULARS	1	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (white the Single)	WED, word)	21. DATE OF DEATH March 5 (Month) (Day)	, 193 <sup>7</sup> (Year)
a. If married, widowed, or divorced			*
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettended a March 5 1924, to March 5	, 19 37
S. DATE OF BIRTH (month, day, end year) January 31, 1858		I last saw Merelive onMarch_5, 1937	; death is said
7. AGE Years Months Days If LESS 1 day, or or	hrs.	to have occurred on the date stated above, at 7:15.2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8 Trade profession or particular		^ Fathy degeneration of heart with	l hr.
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at his occupation (month and		rupture of ventricle on right side Caronic Myocarditis	3/5/37
10. Dete deceased last worked at this occupation (month and 1908 occupation occupation	ife		
12. BIRTHPLACE (city or town) St. Marys County, Mary (State or country)	land	Other Contributory Causes of Importance:	
		Arterial sclerosis	Prior t
13. NAME William Price			Mar. 192
14. BIRTHPLACE (city or town) Maryland (State or country)		Neme of operation None Date of What test confirmed diagnosis? Clinical Was there an e	outopsy? Thes
15. MAIDEN NAME Sally Casey		23. If death was due to external causes (VIOLENCE) fill in also the following	: No
15. MAIDEN NAME Sally Casey  16. BIRTHPLACE (city or town) Maryland (State or country)	**	Accident, suicide, or homicide?	
17. INFORMANT Spring Grove State Hosp. reco	rds	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL , Cem 37	, 19, 3 ->	Manner of Injury	
19. UNDERTAKER Spring Grove State of	Loop		No
20, FILED S/Q 19 Allander	a	(Signed) Chas, K. Hehrung (Address) Spring Grove State Hosp	М. D.
/ / Keg	gistrar.	* (wagiess) - Pht.Tue. Tthat prara unab	A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  2 1937	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 2 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	<u> </u>	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_Baltimore Registration Dist. No. Village or City Loch Earn No. Sylvan Drive (Il death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_\_\_\_\_yrs.\_\_\_\_\_ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ 2. FULL NAME Joseph Scott Pugh (a) Residence: No. Sylvan Drive If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) March Male White Widowed CI 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Theresa Puch 6. DATE OF BIRTH (month, day, and year) NOV. 29th 7. AGE Months Davs If LESS than to have occurred on the date stated above, at f day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, Restaurateur SAWYER, BDDKKEEPER, etc. Mindustry or business in which work was done, as SILK MILL, Retire SAW MILL, BANK, etc. may plnous 1D. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this 12. BfRTHPLACE (city or town)\_\_ (State or country) 13. NAME William 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Martha J. Kelley very important. 23. If death wes due to external causes (VIDLENCE) fill in also the following: Baltimore Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Mrs. Benjamin Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods (Address) Sylvan Drive OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Druid Sander If so, specify (Address) 46 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1.044	

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	•	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5, 1927	1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

THE INFADING INK—THIS IS A PERMANENT RE

V. S. No. 1

D. Every item of inforstated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REC TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02667
County Baltmon	Registration Dist. No. 33
Village or City June Wills	No. Rosewood State Lauring School, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  2
2. FULL NAME William Redman	If U. S. Veteran, specify WAR Man
(a) Residence: No. Durings Mills, Ad	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE What 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Warch 16, 193 (Year)
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
12/21/37	, 19, 10
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
17 3 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate oloneet
8. Trade, profession, or particular kind of work done, as SPINNER, Jamas of Rosework SAWYER, BOOKKEEPER, etc.	ace dental suffication
9. Industry or business in which work was done, as SILK MILL, Mark 2 2 2 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6	4
10 Posts described at / 11 Total time (topera)	prough cave in of der vant
this occupation (month and 3/26/3) spent in this occupation.	
12. BIRTHPLACE (city or town) The Glass A	Other Contributory Causes of importance:
(State or country) Dieketron	
13. NAME Deft ledwar	
13. NAME For Company Work. Co., And	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Florence Sinton  16. BIRTHPLACE (city or town)	23, If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)   17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Where did injury occur? Ourman Mulla, had
17. INFORMANT Dr. K. B. Jones L. 1. a.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) lung hills, had	at place of residence
18. BURIAL, CREMATION, OR REMOVAL Place owood Cun. Date Mar. 28, 1937	Manner of injury
19 UNDERTAKER J F. Eline & Sons,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Dustustrum Mg	If so, specify
20. FILEO Med 24, 1927 DRunt rice Registrar.	(Signed) I Med. I least, coroner M.O.  (Address) liker oill, Ad.
n	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	2
5NI	THIS IS A DEPMANENT
BINDING	DEPM
걸	4
FOR	Z
	TITE
KENERA ED	INK
KGIN KI	TINEADING

1. PLACE OF DEATH	U266
County Batturious	Registration Dist. No.
Village or City Catousville	No. Mt De bales Ceodeenst, Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
	os. How long in U.S. if of foreign birth? yrs. mos. mos.
2. FULL NAME Sester Mary Clare	Reily
(a) Residence: No. Next De Deven academ	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVOICED, (write the word)	21. DATE OF DEATH 641
Feruale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If merriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, end year May 4. 1876	I last saw har alive on 24444 2 , 196 7; death is
7. AGE Years   Months Days If LESS than	to have occurred on the data stated above, at 226 P.m.
60 10 27 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of or
8. Trade, profassion, or particular kind of work dong, as SPINNER,	No presional symptoma urindyis wade short-
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  11. Total time (years) this occuration (month and	ly topas attack cycle?
work was done, as SILK MILL, SAW MILL, BANK, atc	Cause: Contracted sold, rising nights
10. Data decaased last worked at this occupation (month and spant in this occupation corporation spant in this occupation spant in the span in th	Durctions: Two weeks.
0	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME William Reiles	
13. NAME VVIII Rolling  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Collet Lelly  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town).  (State or country)	Accidant, suicida, or homicida?
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT WE WILL A CERCISIS	
18. BURIAL, CREMATION, OR REMOVAL Place Clarification Course Date Mess. 4 193	Mannar of Injury
Place Clare Que. Date MCD. 7, 19.3	Natura of injury
19. UNDERTAKER Easton Sous	24. Was disaasa or injury In any way related to occupation of daceased?
(Addiass) Collect City	If so, specify (Signed) (Signed)
20. FILED 19 19	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . APR 2 1037	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	IJ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	item of infor-	should state	of OCCUPA.	
	TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state	plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
BINDING	ERMANENT	EXACTLY.	y classified. 1	te.
FOR	SISAF	e stated	e properl	f certifica
REGIN RESERVED FOR BINDING	NG INK-THI	AGE should be	that it may be	Sao instructions on back of certificate
RGIN	TH UNFADIR	ly supplied.	lain terms, so	Sao instructi

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	02659
County Baltimore (5	Barrows Vacual) Registration Dist. No.
Village or City Janes Creek	No. Greek are St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mosds.
D + 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	oungen. If U.S. Veteran, specify WAR
0 10 0 11	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Fit 26 1009	19
DATE OF BIRTH (month, day, and year) 7-41. 26. 1909.  AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:15 Am.
28 1 5 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Sustaun wound of Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER. Machinist SAWYER, BOOKKEEPER, etc.	hepd-
Industry or business in which work was done, as SILK MILL, Steel mill .  SAW MILL, BANK, etc.	Suicilal
10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  spent in this occupation  occupation	Dementia praecox 12/1933
Betterine	Other Contributory Causes of Importance:
(State or country)	
13. NAME Theodore Reisinger.	
14 BIRTHPLACE (city or town)	Name of operation
(Stata or country) Stringing.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME auno Pospering.	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country) Mumany.	Where did Injury occur? Affairouse Vout (butside) (Specify city or town, county and State)
17. INFORMANT LUMB REISINGEN.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (MOTTER)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Place John Dawn Chan Data april 2nd 1937	Mannar of Injury Top of head blown off.
9. UNDERTAKER Glorge A Weber (Address) 700 8 mm Street	24. Was disease or Injury in any way ralated to occupation of deceased? "NO
20. FILED pr 1 23, 1937 / Melonics h. Registrar.	(Address) Edgenine Sources G. M.
	r. 2411 N. Charles Street, Baltimore, Requesting T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Land to the state of the state	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9 D C 2 1957

V. S. No. 1 N. B.

PHYSICIANS should state J.D. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. martion should be carefully supplied. AGE should be stated EXACTL CAESE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O		0.			<u> </u>	670
County	Baltimore				Registration Dist. No. 30	
Village or (	city Catons	ville,	Mary.	land	No. Spring Grove St. Hosp. St.	Ward
Length of res	sidence in city or town w	here death or	curred 2	Vrs. 6 mos	death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?	
0 F111 NA	ME Walter	Retkow	sky			
	0	g Grov	e St.	Hosp.,	St. Ward.	
(a) Reside	Catonsvi	lle, M	Usual place	of abode) for	men residence un Bronzesident give city or town and	State
PERSO	NAL AND STAT	ISTICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SI	NGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 197	19337
male	white		sin	gle	(Month) (Day)	(Yeer)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced				22. I HEREBY CERTIFY, That I attended August 20 19 34to March 1	deceased from
DATE OF BIRTH	(month, day, end year)	1890			llast saw h im elive on February 28 19 36	
	ars Mont!		Days	If LESS than	to have occurred on the date stated above, at 4:30 % m.	
4	6 ?		?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profe	ession, or particular work done, as SPINNEI	2. ?				
SAWYE	R, BOOKKEEPER, etc business In which				Syphilis, somatic and central nervous system	
work was SAW MI	as done, as SILK MILL, ILL, BANK, etc.	7				.3
10. Date deceased last worked at this occupation (month and ? spent in this ?				ime (years) nt in this ? upation	General Paresis  Sroucled Bullimonia	Feb 3"
	?				Other Coutributory Causes of importance:	
12. BIRTHPLACE (d (State or cou					None	
13. NAME	?					
13. NAME	E (city or town)?				Name of operation	1
(State o	or country)				What test confirmed diagnosis? Wassermann was there an a	ulopsy?_YOS
15. MAIDEN N	AME ?				23. If death was due to external causes (VIOLENCE) fill in also the following	no
15. MAIDEN N	E (city or town)?				Accident, suicide, or homlcide? Date of injury	, 19
(State o	or country)				Where did Injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT Hospital records (Address)  18. BURIAL, CREMATION, OR/REMOVAL Q 3/1/1					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
					Manner of Injury	
Place	my tron	Cempal	e	193.7	- Nature of injury	
19. UNDERTAKER Spring From Dalu Horf (Address)  20. FILED 3/3, 19 Registrar.					24. Was disease or injury in any way related to occupation of deceased?	no
					(Signed) Spring Grove State Hospi	tal M.D.
	J 3/	more blanks	are needed,	W-1		ville,Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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plnous statement PHYSICIAN Exact REC classified. certificate. properly THIS. may back plnous supplied. carefully very important. DEATH should be

OF

V. S. No.

FION is

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltimore Registration Dist. No. County No. Spring Grove State Hospitalst Catonsville Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) vrs 3 mos. 28 ds. How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city or town where deeth occurred maria Augusta P. Riddle 2. FULL NAME If U. S. Veteran, specify WAR Baldwin, Maryland Baldwin, Maryland (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) March Female Widowed (Day) (Yeer) 5a, If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceesed from (or) WIFE of Wilbur Hicks Riddle 1932 to March 30 March October ?. 1854 6. DATE OF BIRTH (month, day, and year) to have occurred on the dete stated above, at 12:10pm 7. AGE Months Devs If LESS than 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence 9 82 or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. Arteriosclerosis Prior OCCUPATION Chronic mvocarditis 9. Industry or business in which work was done, as SILK MILL. SAW MILL. BANK, etc. 11. Total time (years)
spent in this Life 10. Date deceased last worked et this occupetion (month and occupation \_\_\_. 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER 13. NAME Ebenezer Payne Name of operation\_\_\_\_ 14. BIRTHPLACE (city or town) ..... Maryland (State or country) What test confirmed diagnosis? Clinical Was there an autopsy? No MOTHER 15. MAIDEN NAME Causta Wilcox 23. If death wes due to external causes (VIOL ENCE) fill in also the following: No Accident, suicide, or homicide?..... Dete of injury.......... 19\_ 16. BIRTHPLACE (city or town) Maryland (State or country) Where did injury occur?... (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 67. INFORMANT Spring Grove State Hospital Record Catonsville. Maryland. (Address) f8. BURIAL, CREMATION, OR REMOVA Manner of injury emiting Dato Aparl 2 1937 Neture of Injury 24. Was disease or Injury In any way related to occupation of deceased? (Address)

20. FILED. Registrar. (Address) Catonsville Maryland If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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he principal cause of death and related causes importance were as follows:  ttack of epilepsy	
	1 week ago
un over by street car	1 week ago
erilonitis	3 days ago
ther contributory causes of importance:	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN

RGIN RESERVED FOR BINDING N B WRITE PL V. S. No. 1

	STATE	OF MARYLAND—	CERTIFICATE OF DEAT	H 00000
1. PLACE OF	DEATH		95-6	00010
County /	acto	Catro	Registration Dist	. No. 30
Village or C	ty actor	tustou		St., Ward
Length of resid	lence in city or town where	111	death occurred in a hospital or institution, give its NAME installedds. How long in U.S. if of foreign birth?	
2. FULL NAI	as mal	1. S. E. Rils	If U. S. Veteran, specify WAR	
(a) Residen		Jantes and	(States well my	7
(a) Residen	.c. 110.	(Usual place of abode)	If nonresident give	city or town and State
1		TICAL PARTICULARS	MEDICAL CERTIFICATE O	FDEATH
3. SEX	4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH hav.	29-1027
mulke	water	willow	(Month)	(Oay) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed or divorced	2. (2.0	22. / I HEREBY CERTIFY,	That I attended deceased from
(OI) WIFE OI	raul6	er mery	June N 5 , 1936 , to M	N 29 , 192/
6. DATE OF BIRTH	month, day, and year)	mg 23-1869	Hast saw h LV alive on Tan	death is said
7. AGE Yea	Months	Days if LESS than		-m.
(	0/1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Date of onset
8. Trade, profes	sion or particular ork done, as SPINNER, BOOKKEEPER, etc	Morris .	P 70 4	2/04/2
	BOOKKEEPER, etc/. ousiness in which done, as SILK MILL,	Cours of	(en smary () wirm or	20 - 0/7/3
work was	done, as SILK MILL, L, BANK, etc	1000	-	
10. Date decease	d last worked at pation (month and	11. Total time (years) spent in this		
year)	9/	occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (		Equila.	1 Al A	7957
(State or cour	(try)		The service Card	70- 1/06
13. NAME 14. BIRTHPLACE	m Go	morey.	none	
14. BIRTHPLACE		Maxima	Name of operation.  What test confirmed diagnosis? Que. Find	Was there an autopsy?
15. MAIDEN NA	1.0	1) - 12 ce 18 . 1	23. If death was due to external causes (VIO) ENCE) fill in	0
H	1	J'estate !	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (State or		Manua	Where did injury occur?	
17. INFORMANT	seph K	18411	(Specify city or tow Specify whether injury occurred in iNDUSTRY in HOME,	n, county and State) or In PUBLIC PLACE.
(Address)	arbi	etas.		
18. BURIAL, CHEMAT	ION, OR REMOVAL	april 1 37	Manner of injury	
Place	Dansy	Date 9 1901	Nature of injury	
19. UNDERTAKER	Mor	equer Hou	24. Was disease or injury in any way related to occupation	n of deceased?
(Address)	Bottle	Telled_	If so, specify	1900
20, FILED	19	Suduar	(Signed) (Address) (Address)	777000 m. D
	1 57	Registrar.	" (Audiess)	K. 3757-75-00000000000000000000000000000000

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 133	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Asy Howell - Catouwilly	
7 (2)	
[restled 1-3 PM	

V. S. No. 1

County Salting	Registration Dist. No. 442
Village or City  Length of rasidance in city or town where death-occurred yrs.	No. St.,  (If death occurred in a horpital or institution, give its NAME instead of street and number mos. / ds. How long In U.S. if of foreign birth? yrs. mos.
2. FULL NAME  (a) Residence: No.  (b) Simple Control (Usual place of abode)	If U. S. Veteran, specify WAR  St., Ward.  If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  The state of t	
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Zn.  Rosan	22. I HEREBY CERTIFY. That I attanded dacases
6. DATE OF BIRTH (month, day, and yaar) / 3 / / / / / / / / / / / / / / / / /	I last saw h alive on 25 45, 193. 2; death
50 5 22 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date dacaasad last worked at this occupation (month and yaar)  11. Total time (years) spant in this occupation.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carpling County, M. (Stata or country)	L.
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What tast confirmed diagnosis?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CRIMATION OR REMOVAL Pal man 28 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury
19. UNDERTAKER Harry H. Witske (Addrass) HU Isman From ava	24. Was disease or injury In any way related to occupation of deceased?
20 5115P/1/2/2 Do 32 H. Mukield	(Signed) Junes of Junely

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

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1	Example II		
Date of onset	The principal cause of death and related causes Date of or of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH PERMANENT RECORD. Every item of inforshould state OCCUPA-1. PLACE OF DEATH Village or City Own Jo PHYSICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW EXACTLY. OR DIVORCED (write the w classified. 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Oct 19, 1919 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Oays If LESS stated 1 day, .... 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. . . . . NFADING INK-THIS OCCUPATION jo back 9. Industry or business in which work was done, as SILK MILL, it may AGE should SAW MILL, BANK, etc ... See instructions on 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this so that occupation \_ 12. BIRTHPLACE (city or town). (State or country) supplied. in plain terms, FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country (Address) 19. UNDERTAKER V. S. No. 1 (Address) Regist

St., Ward.			mos
MEDICAL C	If nonre		
MEDICAL C	If nonre		
	If nonre		
		sident give city or t	
	ERTIFIC	ATE OF DE	ATH
21. DATE OF DEATH	marc	h 14	. 7
	(Month)	(Day)	, 193_/ (Year
22. I HEREBY	CERT	LEV That I	attended deserved
		march	
	nanc		1937 ; death is
to have occurred on the date state			1922; death is
The PRINCIPAL CAUSE OF DEAT			nce
were as follows:		r coudes or importa-	Date ol o
		g	
mongocian	mis	ecile	Cong
	····		
acute Title	rence	100	2/11
· neu	mon		
Other Contributory Causes of impo	ortance:		
Name of operation	. 0		5
	0 0		Date of Lione
What test confirmed diagnosis?		cal Was t	
23. If death was due to external car			
Accident, suicide, or homicide?		Date of Injury	/, 19
Where did injury occur?	(Specify o	ity or town, county	and State)
Specify whether Injury occurred i	n INDUSTRY,	In HOME, or In PU	BLIC PLACE.
Manner of Injury			
Nature of injury			
			acad? Uo
24. Was disease or injury in any w	ay related to	occupation of decea	ased?
If so, specify (Signed)	- 05		

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 7 1937	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage NREAU V. S.	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		Balto & eldinghamy War fourson
STATE	OF MARYL	AND—CERTIFICATE OF DEATH
EATH	200	39)

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	U	6	()	6	1	)	
	-		. /	w	4	"	

1. PLACE OF DEA			39)	
County	Bal	70	Registration Dist.	ND. 30
Village or City	Towson		No. Charles Star And Alder death occurred in a hospital or institution, give its NAME inster	
Length of residence in	city or town where death occurr	ed yrs mos	ds. How long in U.S. if of foreign birth?	yrsd:
2. FULL NAME (a) Residence: No.	Marguerite	Scharft an Tour	If U. S. Veteran, specify WAR Ward.	Record
(a) Residence. No.	(Usua	I place of abode)		ty or town and State
PERSONAL A	ND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Female 4. COL		MARRIED, WIDOWED,	21. DATE OF DEATH Mor 21	Day) (Yaar)
a. If married, widowed, or dis HUSBAND of (or) WIFE of 36	ruhandt S	harfir	22. I HEREBY CERTIFY, TO Feb 24 1937, to Mark	
DATE OF BIRTH (month, d. AGE Yeers	ay, and year) Cley 9 Months Da 6 2	ys   If LESS than   1 day,hrs.   ormin.	I last saw h 22 alive on Mar.  to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of it were as follows:	m. nportance Date of ons
8. Trade, profession, or kind, of work done SAWYER, BDDKKE 9, Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last within a constant of the second state of the s	, as SPINNER, EPER, etc. in which SILK MILL.	Home	Hypertonsive C-Va Failure Mysecords	esease 7 yrs
10. Date deceased last we this occupation (myear)  12. BIRTHPLACE (city or town (State or country)  13. NAME	onth end / 26/37	Total time (years) spent in this occupation. 40	Other Contributory Causes of Importance:	Muke
	town)	4	Name of operation Novel What test confirmed diagnosis? Chimical	Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country) 17. INFORMANT (Address)	Tohne Wage	ST NOW W	23. If death was due to external causes (VIOLENCE) fill in al Accident, sulcide, or homicide?	f injury, 19
18. BURIAL, CREMATION, DR	REMOVAL Date	Ver 4× 1937	Manner of injury	
19. UNDERTAKER (Address)	127 ST P	1. Van down	24. Was disease or injury in any way related to occupation of if so, specify  (Signed)	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR	July 5,1927	Peritonitis	3 days ago
* W. S.	1/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(	N	)

Village or City Parkentle	Registration Dist. No. St.
Village of City O austour	(If death occurred in a hospital or institution, give its NAME instead of street and numbe
Length of residence in city or town where death occurred	yrsmosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Herman .	shular not a won Veteran
1001111	
(a) Residence; No. 1704 Sual place	A TIME St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	
3. SEX 4. COLOR OR RACE 5. SINGLE, MA	RIED, WIDOWED, 21. DATE OF DEATH
	arrie the word) (Month) (Marth) (Par) 193
5a. If married, widowed, or divorced	(Month) (Day)
HUSBAND of	1 HEREBY CERTIFY That I attended decease
Carolinge	193/, to Tuck 8 1
6. DATE OF BIRTH (month, day, and year) Fully .	1865 I last saw h free alive on thele 5 , 193/; deal
7. AGE Years Months Pays	If LESS than to have occurred on the date stated above, at
7/ 80 7	I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_   8. Trade, profession, or particular	Date
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	aleer Toprome Muserates
2. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total	me (years) ti in this 50
year) oc	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Lewisany	0, 1, 4, 4, 4
(State or country)	(Warde prompenselor
13. NAME Christopher Sche	be !
14. BIRTHPLACE (city or town) Jerman	Name of operation
(State or country)	What test confirmed diagnosis? Was there an aulops
15. MAIDEN NAME Caroline J.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town) - Herman, (State or country)	
(State or country)	Where did Injury occur?
some lander la la la la	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 7904 Harland R. C.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balto Date Mc	2-11-/39-7 Nature of injury
Odec 1	24. Was disease or injury in any way related to occupation of deceased? Z
19. UNDERTAKER Mulle age lest	If so, specify.
3/2 32074/1	(Signad) MOVIS 1.3. Green
20. FILED 4 9 192 4 14 . U	Registrar (Address) 5.648 Howard III
If more blanks are needed	Argunan (mulion) - D. J. L. J. R. Till Cont. 100

STATE OF MARYLAND—CERTIFICATE OF DEATH 02676

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		A
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

EMRD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-PERMANENT RE stated EXACTLY. properly classified. BINDING artificate FOR UNFADING INK-THIS be ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. Coo inctri NLY, WITH B.—WRITE PL

V. S. No. 1

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STATE OF MARYLAND	-CERTIFICATE OF DEATH 02677
1. PLACE OF DEATH County County	(B) (Constitution Dist. No.
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds  St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH  Merch  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Ponthal Oays If LESS than	I last saw here along the date stated above, at 12:30 m.
tillbooks 1 day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc	Holling
SAW MILL, BANK, etc	Wax vviic
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)  2 13. NAME  13. NAME  13. NAME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Action Sales (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RIMOVAL Place Less Hune Jesas hula: 3/12, 193/	Manner of injury
19. UNDERTAKER Janus & Connelly (Address) Laser July	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/12, 193) John D. Connell Registrat.	(Signed) M. I (Address) M. I (Address) Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 1861	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10311	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	OF MARYLAND-	-CERTIFICATE OF DEATH UZ	678
1. PLACE OF DEATH	<del> </del>	92.0	/x
County Ballemore		Registration Dist. No. 4	0
Village or City Mofele	eliff	No	Ward
Length of residence in city or town where	death occurredyrs,mo	St.,  If death occurred in a hospital or institution, give its NAME instead of street and street an	d number) mos. ds
2. FULL NAME Sister 1	^		
(a) Residence: No. Viela	1	St., Ward.	
	(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sey ale	21. DATE OF DEATH  March 29  (Month) (Day)	., 193 7
5a. If married, widowed, or divorced HUSBAND of			(1041)
(or) WIFE of		22. HEREBY CERTIFY, That I ettende Was 13, 1937, to Was 29	d deceased from
6. DATE OF BIRTH (month, day, and year)	ept. 7 - 1864	I last saw h_ll_elive on Mar 24 1937	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the dete steted above, at 5.45 A. m.	227 40411113 5411
72 6	22   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER.		Coronary occlusion	Date of onset
SAWYER, BOOKKEEPER, etc.	Tracher	/	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
O 10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	s burgh Pa	Other Contributory Causes of importance: Clustic Endocardi his	unknow
13. NAME Charles See	denstricker		
13. NAME Charles See		Name of operation Dete of	
(State of country)		What test confirmed diegnosis? Wes there an	
15. MAIDEN NAME Philome 16. BIRTHPLACE (city or town) Cle	ua Schauer	23. If death was due to external causes (VIOLENCE) fill In also the following	
5 16. BIRTHPLACE (city or town) Cel	leghery Pa	Accident, suicide, or homicide? Date of injury	15
(State or country)	1 1	Where did injury occur?	
17. INFORMANT So Wary	Clara	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	notel Eliff Mea		
Place Notch Cliff, (Pro	vote) Mar, 31 , 37		
	dala & Con	Nature of injury	
19. UNDERTAKER GOORGE M. F. (Addréss) / 811 N. W.O.		24. Wes disease or injury in any way related to occupetion of deceased?	
3/20/2 novit	Della	If so, specify (Signed)	5
20. THE B	1 Mary Mary	(Addrage)	

Date of onset Mar 29/37

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 4, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car  July 1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1 N. B.-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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BINDIN	
OR BI	

STATE OF MARYLAND—CERTIFIC	CATE OF DEATH 026	57
DEATH OL,	- (94°E).	
Baltimore	Registration Dist. No.	12

1. PLACE OF DEATH	946
County Baltimore	Registration Dist. No. 442
Village or City Lansdowne	No. monumental me st. Ward
(I Length of residence in city or Jown where death occurred 33 yrs	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME MS. Many Secret	If U. S. Veteran, specify WAR
(a) Residence: No manufathe (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  The service of the service	21. DATE OF DEATH MANN. 14 ,193 7 (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph Servor	THE EBY CERTIFY. Thet I ettended depassed from
6. DATE OF BIRTH (month, dey, and year) September 15-1876	t last sew h A elive on 2 2 7.19 death/s said
7. AGE Years Months Days If LESS than	to heve occurred on the date wated above, et 3 1 m.
61 5 29 1 day, hrs.	THE PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as rollows:
kind of work done, as SPINNER, Aruseway	Corray Merio 12
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	- 1 1 1 Chins
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and	Jan Gold
O this occupetion (month end spent in this year) occupation	0 400 9 0 8
12 RIPTHPLACE (city or town)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	This count
13. NAME annum Becsey	
14. BIRTHPLACE (city or town).	Neme of operation — A Dete of
(State of Country)	What test confirmed diegnosis Was there en eutops?
15. MAIDEN NAME Lena Bollhasan  16. BIRTHPLACE (city or town).	23. If death wes due to exprinel causes (VIOLENCE) fill in elso the following
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Suph Servill Ing.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OBJECTION OF THE PROPERTY MAN. 16, 193	Manner of injury
19. UNDERTAKER Serve L Schwal.	24. Wes disease or injury fn eny wey releted to occupation of deceased
(Address) 3/01 ( Frederick me.	If so, specify —
20. FILEDHEL 15 1937 Gertler	(Signed)
Registrar.	(Address A A A A A A A A A A A A A A A A A A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reduced U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF	altimore			948	Registration Dist. No.	32_
Village or Cit	0 0	ston		No.		St. Ward
Length of reside	enca in city or town where	death convered	(Jf mosmos	death occurred in a hospital or inst	titution, give its NAME instead of if of foreign birth?yrs	street and number)
	( +D	To C	Lolds			u
2. FULL NAM	I O	rugges	ceruen		n, specify WAR	
(a) Residence	e: No Gerles	(Usual place	of abode)	St, Ward.	If nonresident give city or	town and State
PERSONA	AL AND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DE	ATH
Male	4. COLOR OR RACE		RRIED, WIDOWED.  D (write the word)  Light	21. DATE OF DEATH	Maych 9 (Month) (Day)	, 193 (Year)
HUSBAND of (or) WIFE of	d, or divolced			much 41°	BY CERTIFY, That i	attanded deceased from
DATE OF BIRTH (m	nonth, day, and year)	v 5 × 1	1861	I last saw h	mmagn	. 19. 3.7 : death is sa
. AGE Years		Days	If LESS than 1 day,hrs.	to have occurred on the date st The PRINCIPAL CAUSE OF DE	ated above, atm. EATH and related causes of import	tanca
8. Trade, profess	ion, or particular	o	ormin.	were as follows:		Date of onse
kind of wo SAWYER, E	ork dona, as SPINNER, BDOKKEEPER, etc	Kelired	/	Corunary	Thrompro 411	la resolu
9. industry or bu	usiness in which					
10. Date deceased	done, as SILK MILL, , BANK, etc	11. Total	time (years)	(2= C1/100)	19 Jan 31)	
year)	26	000	u pation	Dther Contributery Causes of in	mportance:	~ · · · · · · · · · · · · · · · · · · ·
2. BIRTHPLACE (city (State or count		ma	***************************************	Watt School		
13. NAME 11.	les Corre	Selder	v	WWY OULTO		SSS
14. BIRTHPLACE	aitu aa tauwa	00		Name of operation		Data of
(Stata or c		ver dus	uma		Was	
15. MAIDEN NAM	E Elizaber	Le Taul	or		causes (VIOLENCE) fill in also the	
15. MAIDEN NAM	(city or town) P	Q	1.		Date of inju	
(State or o		doud It	eglua Evrit	Where did injury occur?  Specify whether Injury occurred	(Specify city or town, coun d in INDUSTRY, in HDME, or in P	ity and State) PUBLIC PLACE.
(Address)	Eccleston	Elect				
B. BURIAL, CREMATH	on, OR REMOVAL	Dat Maro	411,07	Manner of injury		
9. UNDERTAKED	usy Henki	us o Som	· la	24. Was diseasa or injury in any	y way related to occupation of dec	
O. FILEDS	1937	E E	Rechols	(orgineu)	resmule ).	
	,	C 4 C 1	Registrar.	(Address) 3	228 M.Ch	mass

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Example I		Example II	
The principal cause of leith and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PIIREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			etter i per

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#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HIISBAND OF EBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days tf LESS than to have occurred on the date stated above, at ... I day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 5 or\_\_\_\_min. Date of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ..... 12. BIRTHPLACE (city or town) (State or country) ATHER 13. NAME 14. BIRTHPLACE (city or town) Date of (State or country) What test confirmed diagnosis?\_. ..... Was there an au'opsy?\_\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOR Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. (Address) If so, specify 20, FILED. (Address) & db 11 tulto aduress Stay Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	1	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURGAU V. S.	9			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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statement PHYSICIAN

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 3/ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U. S. If of foreign birth?\_\_\_\_\_\_vrs.\_\_\_\_mos. If U. S. Veteran, specify WAR\_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If merried, widowed, or divorced HUSBAND of HEREBY CERTIFY \_ Thet I attended deceesed from (or) WIFE of 1937 6. DATE OF BIRTH (month, dev. end yeer) march 7. AGE Years Deys If LESS then Months to have occurred on the dete stated above, at \_\_\_\_\_\_m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance or\_\_Q\_min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Dete deceased last worked at 11. Totel time (years) this occupation (month and spent in this occupation .... Other Contributory Causes of importance 12. BIRTHPLACE (city or town (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis? \_\_\_\_\_ Wes there an autopsy?\_\_ MOTHER 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, QR REMOVAL Manner of injury Nature of injury. 24. Was diseese or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED May 23 1937

(Address)

au

Registrar.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR 0 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY.

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

11	1)	10	C	")	
0	4	()	0	1)	

	CE OF DEATH		.0	_			(159)			N
Coun	ty		12alt	im	re			Registration	Dist. No. 3	8
Villag	ge or City	ulles	ton	m	(IF	No.	in a horpital or institu	tion, give its NAM	E instead of street and	Ward
Langt	h of rasidence in city of	town where d	eath occurred_		yrsmos	ds.	How long in U.S. if o	f foreign birth?	yrs	mosds
	L NAME O	Putty	Edur	and L/	Ed	St.	Ward.			
		1	(Usual pl					Water Committee of the	give city or town as	nd State
	RSONAL AND							ERTIFICATE	OF DEATH	
3. SEX	le 4. color o	te .	5. SINGLE, M OR DIVOR		o, WIDOWED,	21. DATE	OF DEATH	(Month)	3 ( (Day)	, 193 / (Yeer)
5a. If merried HUSBAI (or) WI	l, widowed, or divorced ND of FE of			0		22.	IHEREBY	1	Y, That I attende	21 15
c DATE OF	DIDTH (march days	Zu	uch	3/,	1137	I last saw h	An alive on	1927, to	31 193	2.1., 19.2.). 2.; death is said
7. AGE	BIRTH (month, dey, en Years	Months	Days	1	If LESS than		erred on the date state	d above at 9 5		z., death is said
					day,hrs. rhrs.	No. of the last of	PAL CAUSE OF DEAT			Date of onset
8. Trad	e, profession, or partice ind of work done, as S AWYER, BOOKKEEPER,	PINNER, etc			~		Premat	unita	*********	3.3/-3
9. indu	stry or business in whi ork was done, as SILK AW MILL, BANK, atc	ich						~		
- 1	deceased last worked his occupation (month a ear)	at		tal time ( spant in occupati	this					
	ACE (city or town)	Fulle	ton	m	L	Other Coutr	ibutory Causes of impo	ortance:		
₩ 13. NAM	00.	5 Su	ies							
H I4. BIRT	HPLACE (city or town) State or country)	Wil	meny	tin	Del.	Name of ope	eration	chrical	Data of.	200
	DEN NAME Hele	n Fran	reis &	Spen	cer		as due to external cau	ises (VIOLENCE) fil		
16. BIRT	HPLACE (city or town). State or country)	We	strin	rste	<u>.</u>	Accident, su	icide, or homicide?			
17. INFORMA	NT alexis	Si	nes au	We	ndell		njury occur?ther injury occurred Ir	(Specify city or 1 INDUSTRY, In HO	town, county and St ME, or in PUBLIC P	ate) LACE.
18. BURIAL, (	CREMATION, OR REMO	VAL	Date Oy	pub	1,1937	Manner of In	njury			
19. UNDERTA		ul 8 on	lind	1	<b>~</b>	24. Was disaa	esa or injury in any w	ay related to occup	ation of deceased?	200
20. FILED	4/1/37,19	9. W	1.Bo	reo	Registrar.		(Address) 62	. A. A	had Rd	Balts M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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I	Example I	3	Example II		
The principal cause of de of importance were as followed	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 7 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAY ( 1951	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	nfor-	state	IPA-		
1	.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ifem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
/	iem	sho	of C		
	ery	SNI	ent		1
	). Ev	ICI/	atem		
į	OKD	HYS	t st		
	REC	1	Exac		
	LN	LY.	ď.		
	ANE	CI	ssifie		
	SRM	XX	clas	e)	-
	A PI	ed I	erly	ficat	
	IS	stat	prop	certi	
	HIS	be	be	jo:	
	X-T	pluor	may	back	
	Z	E sl	at it	s on	
	ING	AG	o th	tion	
	FAD	ied.	ns, s	struc	
	Z	ddn	teri	e in	
	ITH	lly s	plain	Se	
	, W	refu	l in	tant	
1	NLY	be ca	ATE	mpor	
	LAI	plu	DE	TION is very important. See instructions on back of certificate.	
	E P	sho	E OF	is ve	
)	VRIT	tion	NUS	NO	
	1	m	Ö	T	

STATE OF MARYLAND—	CERTIFICATE OF DEATH U2084
1. PLACE OF DEATH ,	
County Dalting	Registration Dist. No.
Village or City Sunghorla - Thoen	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME 4 da Source Sue	If U. S. Veteran, specify WAR
(a) Residence: No. Samuel Langue - Olyana	St 6.0 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9-emale 4. COLOR OR RACE OR DIVORCED (write the word)  Warred  Married  Married  Married	21. DATE OF DEATH LARCH /8 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Smith	22. I HEREBY CERTIFY, That I attended deceased from War 12 1937, to War 17 1937
6. DATE OF BIRTH (month, day, and year) May 11, 1864	Hast saw her alive on Mar 17 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:40 cm.
72 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Crimery Course: Grandestal fallo Cust R 3/1/3
9. Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Fell in har bedroom striking had ma
10. Date deceased last worked at this occupation (month and year) occupation	General's Dursting : took days.
11-1-16	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Right will be different 2/11/2-
13. NAME OF G. G.	(Beeldulall)
1 Mars For of 1 Courts	
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Man grave Loughton	23. If death was due to external causes (VIOLENCE) fill in also the following:
4///	Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town) May Canada (State or country)	Where did injury occur?
17. INFORMANT mu-golin gr. Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Plevenise, md.	Har har hours
Place kestert grove Date Mar. 20, 1937	Manner of Injury Llocado to Foll
19. UNDERTAKER Wm. C. Brooks of Sin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sparley, md.	If so, specify
20. FILES Mar 17, 1987 Trans At Blan	(Signed) M. D.
Registrar	(Address) Lawrell all .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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WINEALL V. S.			1.7
Other contributory causes of importance:	#	Other contributory causes of importance:	111111111111111111111111111111111111111
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certificate.

See instructions on back

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TION is very important.

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-WRITE

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF I	DEATH			23 2	5
	County Ba	ltimore			Mt. Wilson Breach, Md.	
	Village or City_	Mt. Wilso	n		No luberculosis Sanatoriums	Ward
	T				death occurred in a horpital or institution, give its NAME justead of street an	
2		Basil D.			If U. S. Veteran, specify WAR.	
	(a) Residence:	No. 214 E. I	afayet	te Ave.,	St., Ward. Baltimore, Md. If nonresident give city or town a	nd State
		AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3.		COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
	Male	White		ED (write the word)	March 16th	, 193 7
5a.	. If merried, widowed, HUSBAND of				(Month) (Day)	(Year)
	HUSBAND of C	ordelia E.	. Solle:	rs	22. I HEREBY CERTIFY, That I attended	
1					Feb. 17th 19 37, to March 16	
	DATE OF BIRTH (mor			Oth, 1896	Hast saw him_alive on March 16th,, 19.3	; death is sai
7.	AGE Years	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date steted above, at 5: 1.QA.m.	
_	45	6	20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
Z	8. Trade, profession kind of work	done, as SPINNER.	Taxi Dr	iver		
4	SAWYER, BO		ant Di	TAGT	Pulmonary Tuberculosis	Aug.
CUPATION	work was do	ne, as SILK MILL, BANK, etc				1936
ö	10. Date deceased la		11. Total	time (years) ent in this_		
_	year)	an 1937		upation_5_yrs	Other Contribution Course of Importance	
12	BIRTHPLACE (city or	r town)			Other Cautributory Causes of Importance:	
_		Calvert C	lo.,Mar	yland	Tuberculous Laryngitis	Jan.
E	13. NAME Edw	vard J. Sol	llers		Tuberculous Epididymitis	1937
4TH	14. BIRTHPLACE (ci	ty or town)			Tuberculous Epididymitis Name of operation X-ray, tank ax Date of	2/17 t
L	(State or cou	intry) Calvert	t Co., 1	Maryland	what lest confirmed diagnosis? was there a	n autopsy?
ER	15. MAIDEN NAME	Virginia	Duke		tubercle bacilli were found 23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:Sputu
1	16. BIRTHPLACE (cit	ty or town)_Unkno	own	Land History	Accident, suicide, or homicide? Date of injury	, 19
ž	(State or cou	unity) Maryla	and		Where did injury occur?	
17	INFORMANT LOU	is R. Schi	erholz		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	rate) PLACE.
	(Address) Mt	. Wilson,				
18	BURIAL CREMATION	of REMOVAL	Fraund 1	Ma-1 37	Manner of injury	
	Place A	wast Of	nud /	119 19 07	Neture of injury	
19	UNDERTAKER	m. J. De	elper	In Lous	24. Was disease or injury in any way related to occupation of deceased?_	No
	(Address)	( n	NOW 81	a dals;	If so, specify	1/
	4011/11	27 59	14.01.	A Q.	(Signed) To Mu (. Tuul	M.

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Gallstones	May 1,1923	Gastroenteritis	1 year
To any the second secon			

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE

2. FULL NAME  (a) Residence: No.  (b) St. Ward.  (c) Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the world)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)  6. If merried, widowad, or divorcad HUSBAND of (or) WIFE of available Color of the world (or) WIFE of available Color of the date stated above, et. 5 Am.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as followed:  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as followed:  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as followed:  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as followed:	1. PLACE OF DEATH	93-0
Length of residence in jet yor town where death occurred	County Dallimore	Registration Dist. No. 30
Length of residence fivility or town where death occurrad yrs	Village or City Calonsville	No. 33 hospert ave st. Ward
(a) Residence No. 33 Not Cube 1015 St., Ward. Honresident give dity or town and State PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED. OR DIVORCED (write the world)  56. If merried, widowad, or divorcad HUSBAND of Corp. WiFe of	Length of residence in gity or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR BLOCK Convict the words)  5. II merried, widowad, or divorcad (or) wife of avoid of the profession, or particular (or) wife of avoid of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was done, as SIK MILL, BAIK, etc.  10. Data decessed last worked at work was done, as SIK MILL, BAIK, etc.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  16. DATE OF DEATH  26. DATE OF DEATH  27. AGE  28. I HER EBY CERT I FY. That I attended decess of importance were as follows:  18. BIRTHPLACE (city or town)  (State or country)  27. I HER EBY CERT I FY. That I attended decess of importance were as follows:  18. BIRTHPLACE (city or town)  (State or country)  28. I HER EBY CERT I FY. That I attended decess of importance were as follows:  19. Industry or business in which work was done, as SIK MILL, BAIK, etc.  19. Industry or business in which work was done, as SIK MILL, BAIK, etc.  10. Data decessed last workad at years of importance;  29. Industry or business in which work was done, as SIK MILL, BAIK, etc.  11. Total time (years)  9. South of the profession of particular were as a subject to the particular was due to extarnel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  19. Date of injury  11. INFORMANT  12. BIRTHPLACE (city or town)  13. Survey  14. BIRTHPLACE (city or town)  25. If dash was due to extarnel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  16. Date of country)  17. INFORMANT  18. Date of miles and survey  18. Date of injury  19. Mennar of injury  Mennar of	2. FULL NAME Joseph Hoyd Spur	rur
2. I HEREBY CERTIFY. That I attended decease HUSBAND of COT WIFE of Country Corners on the supplier of Corners of Corners on the State of Country Corners of Corners on the State of Country Corners of Corners o		
Se. If merried, widowad, or divorcad HUSBAND of Ory WIFE of World C. Saure C. S.  6. DATE OF BIRTH (month, dey, and yaar)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  8. Trade, profassion, or particular kind of work done, as SPININR, SOMPLE, BOOKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, BANK, etc.  SAWYER, BOOKEPER, atc.  10. Data deceased last worked at this occupation work as a spent in this secure country)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BIRTHPLACE (city or town)  18. BIRTHPLACE (city or town)  19. Manual  19. to 11  11 last saw h. a slive on the date stated above, et. 5. Am.  19. to 15. Here EBY CERTIFY, That I attended deceased last was a live on the date stated above, et. 5. Am.  19. to 15. Here EBY CERTIFY That I attended deceased last was a live on the date stated above, et. 5. Am.  19. to 15. Here EBY CERTIFY That I attended deceased last was a live on the date stated above, et. 5. Am.  19. to 15. Hast saw h. a slive on the date stated above, et. 5. Am.  19. to 15. Hast was a cocurred on the date stated above, et. 5. Am.  19. to 15. Hast saw h. a slive on the date stated above, et. 5. Am.  11. Total time (years)  Spent in this 2. Years  Other Coatributery Causes of importance.  What test confirmed diagnosis?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of injury.  Mennar of injury.  Mennar of injury.  Mennar of injury.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Se. If merried, widowad, or divorced HUSSAND of (or) WIFE of Auril C. Spurveuler  5. DATE OF BIRTH (month day, and year)  7. AGE  Years  Months  Days  If LESS than I day	Marie the world	Merch 6 1937
S. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Days  If LESS than I day,	5e. If merried, widowad, or divorcad	
T. AGE  Years  Months  Days  IT LESS than I day. hrs. of min.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  SAWYER, BOOKKEPER, atc.  SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation month and years spent in this year. Manual Cause of importance;  (State or country)  Tank Manual Cause of importance;  (State or country)  Manual Contributory Causes of importance;  What test confirmed diagnosis?  Was there an aulopsy:  15. MAIDEN NAME Mary Andorff  16. BIRTHPLACE (city or town)  Saw Mill, BANK of the manual cause (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Name of oparation.  Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of injury	(or) WIFE of avril E. Spurmer	22. I HEREBY CERTIFY That I attended deceased from
The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  SAVYER, BOOKKEPPER, atc	6. DATE OF BIRTH (month, dey, and year) Quil -18-1884	I last saw h m alive on March 16 , 1937; death is sain
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SIK MILL, BANK, etc.  10. Data deceased last workad at this occupation month and spent in this occupation (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mary  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Place  Mennar of injury  Mennar of	7	
STORE PROFESSION, OF PARTICULAR SHIPMER, SAWYER, BOOKKEPER, atc.  9. Industry or businass in which was one, as SPINNER, SAWYER, BOOKKEPER, atc.  10. Data deceased last worked at this occupation (state or country)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BIRTHPLACE (city or town)  19. March of Sarville (Company)  19. March of Sarville (Company)  10. Data deceased last worked at this occupation (state or country)  10. Data deceased last worked at this occupation (State or country)  11. Total tima (years)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  19. Industry or business in which was due to externed causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Mennar of injury  Mennar of inj		mere as follows.
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mary  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date of Mary  Occupation  Other Contributory Causes of importance:  What test confirmed diagnosis?  Was there an autopsy:  23. If daath was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Mennar of injury	8 Trade, profassion, or particular kind of work done, as SPINNER, Subject to the state of the st	Chimie My occulates - Pulmon - Date of onset
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  (State or REMOVAL  (State or Country)  (State or country)  (State or country)  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Mennar of injury  Mennar of injury	9. Industry or business in which work was done, es SILK MILK.	my status
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  (State or Removal  (State or country)  Othar Contributory Causes of importance:  (State or country)  Othar Contributory Causes of importance:  (What test confirmed diagnosis?  Was there an autopsy:  (Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Mennar of injury	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  19. MAIDEN Contributory Causes of importance:  (State or country)  Name of oparation.  Name of oparation.  What test confirmed diagnosis?  Was there an autopsy:  23. If daath was due to extarnel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Spacify whether injury occurr?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of injury	spellt ill tills / 5 / 7	0
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. Country  19. Country	meaning	Other Contributory Causes of importance;
What test confirmed diagnosis?  Was there an autopsy:  15. MAIDEN NAME Mary Indonff  16. BIRTHPLACE (city or town) rules Hearnestown (State or country)  Accident, suicide, or homicide?  What add in jury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Mast test confirmed diagnosis?  Was there an autopsy:  What test confirmed diagnosis?  Was there an autopsy:  (Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Mennar of injury  Mennar of injury  Mennar of injury		The actions - Cornery
What test confirmed diagnosis?  Was there an autopsy:  15. MAIDEN NAME Mary Orndorff  16. BIRTHPLACE (city or town) rum Heatmenture  (State or country)  The state of country occur?  (Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mas there an autopsy:  23. If daath was due to extarnel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Whara did injury occurr?  (Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of injury  Mennar of injury  Mennar of injury	13. NAME CRISIC Christian	- I windress.
What test confirmed diagnosis?  Was there an autopsy:  15. MAIDEN NAME Mary Orndorff  16. BIRTHPLACE (city or town) rum Heatmenture  (State or country)  The state of country occur?  (Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mas there an autopsy:  23. If daath was due to extarnel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Whara did injury occurr?  (Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of injury  Mennar of injury  Mennar of injury	n M. t	
15. MAIDEN NAME Mary Condoff  16. BIRTHPLACE (city or town) Zum Headmander  (State or country)  17. INFORMANT Parcie & Character (uife)  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Mary Condoff  23. If daath was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of injury  Mennar of injury  Mennar of injury	(State or country)	Classical
Whara did injury occur?  17. INFORMANT MS Carrie & Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Mennar of injury  Place Mannar of injury  Mennar of injury	15. MAIDEN NAME MORE Chandrall	
Whara did injury occur?  17. INFORMANT MS Carrie & Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Manualis Md page Man-19-10-37  Mennar of injury  Mennar of injury  Mennar of injury	I S RIDTURI ACT (SIN CALLE) STATE OF COLUMN ST	
17. INFORMANT Ms Carrie & Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Maderials Md Page Man-19-10-37  Mennar of injury	(State or country)	
18. BURIAL, CREMANION, OR REMOVAL  Place Maminshir Med Date Mart 19-10-37 Mennar of injury		(Specify city or town county and State)
	18. BURIAL, CREMATION, OR REMOVAL SO STATE OF ST	
19. UNDERTAKER Sullivant Mycround companies 24. Wes disaase or injury In any way related to occupation of dacased? U. (Addrass)		24. Hes disease of injury in any way related to occupation of dacaased?
20. FILED March 18, 1937 hranshale 13 west (Signed) Walter (Address) 3603 (June 18)	20. FILED march 18, 1937 marchall 13 west	(Signed) Walter of mure 12. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7.00	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN ROCK
	Man
	20.10
	4937

RGIN RESERVED FOR BINDING HINFADING INK\_THIS IS A PERMANENT RE

V. S. No. 1

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. MLY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be mation should be carefully supplied. B.-WRITE PLA TION is

(/3 2 )		(82.4)	11
County Sallen	ine	Registration Dist. No.	4
Village or City & age	mere (1)	No. Octable Ask St., f death occurred in a horpital or institution, give its NAME instead of street is s	and number)
			mos
	The state of the s	h) If U. S. Veteran, specify WAR	
(a) Residence: NoRuth Ave	Box 75, Edgemere (Usual place of abode)		
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATI	H
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  March 29th  (Month) (Day)	, 193.7 (Year)
a. If merried, widowed, or divorced HUSBAND of	-		
NXNXX The Late Ca	therine Stachows	HEREBY CERTIFY, Thet latter	
A	h 3.000	0.4. 00	37 ; deeth is s
. AGE Yeers Months	bout 1870 Days   If LESS than	to have occurred on the date stated above, at 3 20 Gum.	A , deeth 15 5
67	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession, or particular	ormin,	ware as follows: Conternalionis Class	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	many ogott v	193
9. Industry or business in which	LB4 mC1		
work was done, as StLK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation		
year)	occupation	Other Contributory Cames of importance:	7-1
	occupation	Other Contributory Canasa of importance:	9-1
(State or country)	occupation	Other Contributory Causes of importance:	9-1
2. BIRTHPLACE (city or town) Poland (State or country)	occupation	Chaplery	9-1
2. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town)	occupation	Name of operation	
2. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	occupation	Name of operation Date What test confirmed diagnosis? Was there	an autopsy?
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	occupation	Name of operation Date What test confirmed diagnosis? Was there  23. If death was due to external causes (VIOLENCE) fill In also the follow	an autopsy? owing:
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	occupation	Name of operation Date  What test confirmed diagnosis? Was there  23. If death was due to external causes (VIOLENCE) fill in also the folio  Accident, suicide, or homicide? Date of injury	an autopsy? owing:
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)	ham	Name of operation Date  What test confirmed diagnosis? Was there  23. If death was due to external causes (VIOLENCE) fill in also the follo  Accident, sulcide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and	an autopsy? owing:, 19
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT JOSEph Stach	occupation  human  owski (Son)	Name of operation Date  What test confirmed diagnosis? Was there  23. If death was due to external causes (VIOLENCE) fill in also the folio Accident, suicide, or homicide? Date of injury Where did injury occur?	an autopsy? owing:, 19
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT JOSEPH Stach (Address) Marine Ave, F.  18. BURIAL, CREMATION, OR REMOVAL	occupation  have  owski (Son) dgemere	Name of operation Date  What test confirmed diagnosis? Was there  23. If death was due to external causes (VIOLENCE) fill in also the folio  Accident, suicide, or homicide? Date of Injury  Where did injury occur? (Specify city or town, county and  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	an autopsy? owing:, 19
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT JOSEph Stach (Address) Marine Ave. E	occupation  have  owski (Son) dgemere	Name of operation	an autopsy? owing:, 19
year)  12. BIRTHPLACE (city or town) Poland (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT JOSEPH Stach (Address) Marine Ave, F.  18. BURIAL, CREMATION, OR REMOVAL	occupation  have  owski (Son) dgemere	Name of operation Date  What test confirmed diagnosis? Was there  23. If death was due to external causes (VIOLENCE) fill in also the folio  Accident, suicide, or homicide? Date of Injury  Where did injury occur? (Specify city or town, county and  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	an autopsy?  wing:,19  I State) C PLACE.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

N. B.—WRITE PLATALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 02688
1. PLACE OF DEATH	82-0
County Baltmore	Registration Dist. No. 483
Village or City Quiteball	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Tyrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles A Sland	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Reace Standing	22. I HEREBY CERTIFY, That I attended deceased from  March 12 1937 to March 13 1987
6. DATE OF BIRTH (month, day, and year) San, 13, 1854	I last saw haves alive on March 13 , 187 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	berebral Hemorrhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK atc.	
O SAN MILL, DANN, etc.	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Manual ton	Other Contributory Causes of Importance:
(State or country)	
13. NAME Micholas & Conce	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Climical Was there an autopsy 22.
15. MAIDEN NAME Mary a Galloway	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mas & Nolmas Sement	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. James Date Mus. 1 6 , 1931	Nature of Injury
19. UNDERTAKER Wm C. 6 Quouls tom. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mars 16, 1937 Thos P. Brown Registrar.	(Signed) H. F. Bradley M. D. (Address) Parretts Ille Mg
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 10 1501	Y .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# AD. Every UNFADING INK-THIS IS A PERMANENT REC

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLATELY, WITH

V. S. No. 1

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02689
1. PLACE OF DEATH	60.
County Balening	Registration Dist. No.
Village or City Reserves (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME todurard my Stauh	If U. S. Veteran, specify WAR.
(a) Residence: No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH hull 27
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Car William Sacra Market	22. O Tolan 29 1935 to march 27, 1937
5. DATE OF BIRTH (month, dey, and year) 5-6-22-1869	I lest saw him alive on march 26 , 1937; death is seid
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, at _8 1 4 m.
68 1 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
8 Treda, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Papery sercome of glouds solposport
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	parconne , celolis
10. Deta daceased lest worked et this occupation (month end ) ( 2 1 1. Totel time (yeers) spent in this a ) ) )	lody ) our sulue 1935-
yaar) occupation 2	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). At agreetown M. C. (Stete or country)	Later, involved entire glandular system, in-
13. NAME hours Stanley	
14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	What test confirmed diegnosis? Talkela fuel Was there an eutopsy?
15. MAIDEN NAME talyabeth Newcomber	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) 1 ary law al	Accident, suicido, or homicide? Dete of Injury, 19
17 INFORMANT Sole Stark and	Whera did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) le les alivere and	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Kore Steel Hagerstoon Mar 29, 19.3	Nature of Injury
19. UNDERTAKER Seege les 1x	24. Was disease or injury In eny way related to occupetion of daceesed?
(Address) 1217 Spane St	If so, specify 6. history
20. FILED 3/27 1937 & Keeles & Registrar.	(Signed) 6 M.D.  (Address) Pelarvelle mel.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
22770770000770010	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			14.4	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	REC. D. Ever	7. PHYSICIAN	Exact statemen	/
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	ertificate.
RGIN RESERVED FOR BINDING	-WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Ever	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	TION is very important. See instructions on back of certificate.
I I	WRITE PLAMLY, WITH	nation should be carefully	CAUSE OF DEATH in pla	CION is very important.

OCCUPA-

should

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. 43 No. 106 Belmar Avenue St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Raspeburg Langth of rasidence in city or town where death occurred 30 yrs mos ds. How long in U.S. If of foreign birth? 56 yrs mos ds. 2. FULL NAME Rernard L. Stapel If U. S. Veteran, specify WAR (a) Residence: No. 106 Belmar Avenue St. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) March 10th, Mele White (Month) (Year) 5a. If married, widowad, or divorcad HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Alwina Rohrman Stapel 19 37 to March 10th Nov. 2. 1855 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 1:30P .m 7. AGE Months Days If LESS than I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 81 4 8 or....min. were as follows: Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, Cigar Maker SAWYER, BOOKKEEPER, etc. OCCUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (yaars) Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 1908 spent in this 35 Haselunne 12. BIRTHPLACE (city or town) (State or country) Germany Bernard Stapel 13. NAME Unknown 14. BIRTHPLACE (city or town). Nama of operation.... (State or country) Germany What test confirmed diagnosis? ..... Was there an autopsy? ... MOTHER 15. MAIDEN NAME Elizabeth Lagemann 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Unknown Accident, sulcide, or homicide? ..... Date of injury 19 (State or country) Germany Whare dld injury occur?\_\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Mrs. Alwina Stapel (Address) 106 Belmar Avenue Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date March 13, 19 37 Nature of injury. 24. Was disease or injury In any way related to occupation of deceased?\_\_\_ 7401 Belair Road (Addrass) If so, specify (Address) 5713 Belair Balto.; Revistrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Lallimare	Registration Dist. No.
Village or CHUDOWOOD-SANATORIUM,TOWSON,M	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	5ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Marie Storck	2 K U.S. Yeteran specify WAR
(a) Residence: No. 1613 M. Bond (Usual place of abode)	St., Ward. Belt Ind.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  I S 1937  (Month) (Day) (dear)
5e. If married, widowed, or divorced , HUSBAND of , (or) WIFE of (	22. I HEREBY CERTIFY, That I attended deceesed from march 13, 1937, to March 18, 1937.
6. DATE OF BIRTH (month, day, end year) aug >3 1894	I last saw h elive on march 17, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.95 Am.
43 6 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Charwomen	Sulmon ary Tuberculous Date of opened  Detailes Inelletus ?
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked at this occupation month and e 1836 spant in this occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Balto Sul. (State or country)	Otto Countries of Importance.
13. NAME Peter Smith	
14. BIRTHPLACE (city or town) Balts And	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy? MA.
15. MAIOEN NAME Katherine Suffman	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Personal HistoryHospital Record 17. INFORMANT (Addres Addres Ad	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREWATION, OR REMOVAL Place / D. L. S. S. S. S. D. Oate / L. 20., 1927	Manner of Injury
19. UNOERTAKER Tichned of Taulea	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Mes 18, 1937 A MANUEL Registrar.	(Signed) Na Dilys M. D. (Address) Towson, Md.
If more blanks are needed address State Registrar	2477 N. Charles Street Baltimore Requesting T.) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALL VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA.

		П
STATE OF MARYLAN	ND-CERTIFICATE OF DEATH 02692	,
CE OF DEATH	23	
nty Baltimore	Registration Dist. No. 30	
0-1	Coming Crows Ct Hear	

1. PLACE O	F DEATH Baltimore			Registration Dist. No. 30			
Village Dr City Catonsville  (If o				No. Spring Grove St. Hosp. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)			
	2. FULL NAME Ruth Atkinson Taylor						
(a) Residen	ce: No. Hornpoin	nt, Eastp (Usual place	ort, Md.	St., Ward.  If nonresident give city or town and State			
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX female	4. COLOR OR RACE		RIED, WIDOWED, D (write the word) g 10	21. DATE OF DEATH March 17 (Month) (Dey) (Yeer)			
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. Thet I attended decessed from Sept. 27. 19 34, to March 17. 19 3.  I lest sew h. er elive on March 16. 19 3.7; death is said to have occurred on the date steted above, at 9 a			
6. DATE OF BIRTH (month, day, and year) July 9, 1917 7. AGE Yeers Months Days If LESS then			17				
	19 8	8	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:  Date of onse			
8. Trade, profession, or particuler kind of work done, es SPINNER, none SAWYER, BDOKKEPER, etc			time (years)	Pulmonary tuberculosis June, 193			
yeer) 12. BIRTHPLACE (ci	12. BIRTHPLACE (city or town) New Bedford, Mass.  (State or country)			Other Contributory Causes of importance:			
	Thomas G. Tay:	lor		Mongolian idiocy			
14. BIRTHPLACE (city or town) England (State or country)				Neme of operation none Date of What test confirmed diegnosis? autopsy Wes there an eutopsy? Yes			
15. MAIDEN NAME Florence Atkinson  16. BIRTHPLACE (city or town)  (State or country)  Thomas G. Taylor				23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?			
(Address) 18. BURIAL, CREMA	17. INFORMANT Thomas G. Taylor (Address) Naval Academy, Annapolis  18. BURIAL, CREMATION, DR REMDVAL Place Loudon Park Cem. Date March 19, 19 37			Manner of injury			
19. UNDERTAKER (Addiess) 20. FILED. 3	1003 W. Ba	timore S	dien	24. Wes disease or injury in any way related to occupation of deceased? no  If so, specify  (Signed)			

If more blank art nedate State Registrar, 2411 N. Charles Strees, Baltimore, Requesting U. S. No. 1.

Catonsville, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	JAN SEE
Charles to the control of the contro		Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUERAU V & II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	DISILIA	PRISILIA	DI	SIMILMINIS	LOMINE	LOW	OI AUL	TENTITIONAL
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RGIN RESERVED FOR BINDING

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 02693
1. PLACE OF DEATH	(210-2)
County Halto.	Registration Dist. No. 43
Village or City Raspeling	NoSt.,Ward
Length of residence in city or town where death occurred liftyrs	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.  ds.
2. FULL NAME John 1 Palhering	
(a) Residence: No. 7/07/ Parkais Roll	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  William Color of the word)	21. DATE OF DEATH  March 23  (Month) (Day) (Year)
5a. If married, widowed, divorced of HUSBAND (or) WIFE Jacobs August Aug	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE N. ALACH (month, day, end year)	I last saw h alive on Aland 3/23, 1937; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows:  Crished Pelers, Crished Date of onset  - Chest, Left by Tff
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end year)	Impaction & death small
12. BIRTHPLACE (city or town) Palls. City 241	Other Contributory Causes of Importence:
13. NAME John Thalheimer	
13. NAME The Lace (city or town)  (State or country)	Name of operation
15. MAIDEN NAME to theme Garage	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accidents Date of injury 19 Where did injury occur Raspelmas, Baltimore Smity, Manylonda
17. INFORMANT Michael 1 Halherines (Address) 2210 1 Alleroof are	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place IN alry Hellem Date March 1937	Manner of injury Dartomobile assidents
19. UNDERTAKER Lindh Lassahn + Son (Address) 7401 Belain Rd	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/25, 1937 9. a. Fritz M. D. Registrar.	(Signed) Senting G. Staff M.D.  (Address) \$501 Balais & Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RE		Ex
ARGIN RESERVED FOR BINDING	CWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex-
FUR B	IS A PE	stated E	may be properly
3	HIS	pe	pe
SERVE	NK-T1	plnods	it may
지	G I	GE	that
Z	NIO	₹.	08
AKGI	UNFA	upplied	terms,
	WITH	fully s	n plain
	Υ, 1	are	H ii
	AINL	ld be	DEAT
-	PL	hou	OF
)	RITE	ion s	USE
Τ.	-	mat	CA

PHYSICIANS should state Exact statement of OCCUPA. STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DEATH	(159)		
	County Dallymore	Registration Dist. No.		
	Village or City / Myssell fars (1)	NoSt.,War If death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in city of town where death occurredyrs,mos	s. ds. How long in U.S. if of foreign birth?yrsmosd		
2.	FULL NAME Slovia Collecto ?	rgrand U) S. Veteran, specify WAR See larth cout		
	(a) Residence: No. Ayele / Wash place of abode)	St., Ward		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a.	If married, widowed, or divorced HUSBAND of			
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6 D	DATE OF BIRTH (month, day, and year) Sept. 25-1936			
7. A		to have occurred on the dete stated above, atm.		
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Data of one		
OCCUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0		
AT	9. Industry or business in which	Sometime?		
3	work wes done, es SILK MILL, SAW MILL, BANK, etc	Primary course: Prematurity. Culto.		
Ö	10. Date deceased lest worked at this occupation (month and spent in this	The state of the s		
	year) occupation	Other Contributory Causes of Importance:		
12.	BIRTHPLACE (city or town)	This child was very prevnature - about		
~ [	(State or country)	- half its size.		
FATHER	13. NAME flagmond flormas			
AT	14. BIRTHPLACE (city of town) Balco Co	Name of operation		
- 1	(Stete or country)	What test confirmed diegnosis? Was there an autopsy?		
MOTHER	15. MAIDEN NAME Clarthy Thomas	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
ō	16. BIRTHPLACE (city or town) Systems Male			
2	(State or country) Leaving	Where did injury occur? (Specify city or town, county and State)		
17.	(Address) Hude Part Homas	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18.	BURIAL, CREMATION, OF REMOVAL 2	Manner of injury		
	Placelino There Jevas Date 3/17, 193/	Nature of injury		
19.	UNDERTAKER John & termelly	24. Was disease or injury In any way related to occupation of deceesed?		
	(Address)	If so, specify		
20.	FILED 3/19, 19.37 thuy termelly	(Signed) Joseph Ti Jones M.		
	Registrar.	(Address) Lengus That?		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	R	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage APR 7 1931	July 5,1927	Peritonitis	3 days ago
SUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH should state Every item of inforof OCCUPA-1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidenca in city or town where death occurred How long In U.S. if of foralgn birth? vrs. mos. statement PHYSICIAN U. S. Veteran, specify WAR PERMANENT RECORD. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4. COLOR OR RACE OR DIVORCED (write the word) marrie classified. 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months If LESS than 1 day, ....hrs 2 IS or .... min. 8. Trade, profession, or particular OCCUPATION WITH UNFADING INK-THIS kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. pe of back may 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc..... on 10. Date deceased last worked at 11, Total tima (yeers) this occupation (month and spent In this occupation \_\_ so that See instructions 12. BIRTHPLACE (city or town) (Stata or country) supplied. in plain terms, FATHER 14. BIRTHPLACE (city or town) (Stata or country) ation should be carefully MOTHER very important. 15. MAIDEN NAME AUSE OF DEATH 16. BIRTHPLACE (city or town (State or country 17. INFORMANT (Address) 18. BURIAL, CREMATION OR , 19 3 19. UNDERTAKER (Address) 20. FILED 3

UIf more blanks are needed, address State Redistrati

	(month)	(Day)	(rear)
22. I HEREI	BYCERT	IFY. That I ett	ended daceased from
March s	- 4 1	(1)	,
1 last saw h aliva on	Marc	24,19	3.7; deeth is said
to have occurred on the date :	steted above, at_ &	45P,m.	1
The PRINCIPAL CAUSE OF D			
wera as follows:			Date of onset
Eler int	-0.0	-	Marin
Our wi	Frig	or T	
nephri	us; w	yperien	score
	(J	10	
Other Contributory Causes of	mportance:	0	
Correba	al her	norskas	2/24/
		*	
Name of operation		Date	e of
What test confirmed diegnosis	,	Was the	ra an autonsy?
23. If death was due to externa			
Accident, suicide, or homicide		Data of injury	, 19
Where did injury occur?	(Specify cit	ty or town, county as	nd State)
Specify whether Injury occurre	ed in INDUSTRY, I	n HDME, or in PUBL	IC PLACE.
Manner of injury			
Nature of injury			
			71 4
24. Was disease or injury in a	ly wey related to o	ccupation of decaase	d/_200
If so, specify	11 13		
(Signed)	11:00	ycon	M. D
(Address)	Jan	marke	
411 N. Charles Street, Baltimore	, Requesting V. S.	No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ADR 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	ARTLAND—		D2696
County Baltemore			ation Dist. No.
Village or City Chesirele	(If	No. 5925 Mainak death occurred in a hospital or institution, give its	
Length of residence in city or town where death occurr	edmos	ds. How long in U.S. if of foreign birt	th?yrsmosds.
2. FULL NAME William	Harvey Tho	mbson If U. S. Veteran, specify WA	AR
(a) Residence: No. 5925 Ma	mat Road	St. Ward.	mestical innestitution
	al place of abode)		esident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
Male White me	E, MARRIED, WIDOWED, VORCED (rurite the word)	21. DATE OF DEATH Max (Month)	193 7 (Year)
5a. If merried, widowed, or divorced HUSBAND of Bessie W.	Thompson	22. JHEREBY CERT	TIFY, That I attended deceased from March 3, 1937
6. DATE OF BIRTH (month, day, and year) Gueg,	31 1882	I last saw h in alive on mas.	, 1937_; death is said
	ys If LESS than	to have occurred on the date stated above, at-	2.13 p.m.
54 6	O l day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	ed causes of importance  Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ployed		Δ
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Carcinson of	Lungo. Oct. 193
SAW MILL, BANK, etc.	* 4-1 the 4 5		
11. Date deceased last worked et this occupation (month and year)	Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltimo	ne	Other Contributory Causes of importance:	
(State or country)	ma		
13. NAME Roland Ellis D.	hompson		20.0
13. NAME Colored Ellis 1.  14. BIRTHPLACE (city or town)		Name of operation	Date of Dec. 1936
(Stete or country)	>	What test confirmed diagnosis lesical y	Lat. Was there an autopsy? No.
15. MAIDEN NAME Sarah .	Hoffman	23. If death was due to external causes (VIOLE	NCE) fill in elso the following:
15. MAIDEN NAME Sarah 1.  16. BIRTHPLACE (city or town) Baltus  (State or country)	note !	Accident, suicide, or homicide?	Dete of injury, 19
₹ (Stete or country)	md.	Where did injury occur?	city or town, county and State)
17. INFORMANT Mrs. Bessie J. J. (Address) 5925 Maring	hompson	Specify whether injury occurred in INDUSTRY	, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	200 . ( 20	Manner of injury	875
Place Toudon Vask Date	Mar. 6, 1931	Nature of injury	
Onb-13/0	Parael	24. Was disease or injury in any way related to	o occupation of deceased? No
19. UNDERTAKER (Addiess) 715 Light	at I	If so, specify	
2/2/ 29 12 20 7	inhala	(Signed) James A	Mulle The M.D
20. FILED 3/ 2-1, 190/	Registrar.	(Address / Wills	sille, The .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Raltimore, Requesting U. S. No. 1.

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	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis APD 2 3937		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURBAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ises of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

KRGIN RESERVED FOR BINDING

V. S. No. 1

		-CERTIFICATE OF DEATH 02697
1.	PLACE OF DEATH	<del></del> @
	County / Sallimore	Registration Dist. No. 30
1	Village or City ("alousville	No. St., W. If death occurred in horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurred 2 yrs 2 me	os. How long in U.S. if of foreign birth? yrs. mos.
2	FULL NAME Stester Twine	v z Que Co
	(a) Residence: No. Clfsetz I dorne	St. Ward & Las tala mil
	-(Libual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1.5	unle word)	21. DATE OF DEATH  Wash 27, 1937  (Month) (Ddy) (Veer)
5a,	If married, widowed, or divorced HUSBAND of (or) WIFE of Suryle	22. I HEREBY CERTIFY, That I attended decessed from a 1935 to march 22 193
6. D	ATE OF BIRTH (month, day, end year) Ochoul Sight - 1851	Hast saw hard Valive on Turnel 25 19 37 death id
7. A		to heve occurred on the date steted above, et 6 a m.
	about 75 0 1 day,hrs	was as follows.
z	8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of on
	SAWYER, BOOKKEEPER, etc	Senela Dementia 1 mg
CUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	1
000	10. Dete deceased lest worked at this occupetion (month and year)	
12.	BIRTHPLACE (city or town) Charles Co.  (State or country)	Other Contributory Canses of importance:
ا يم	13. NAME John B. TIMENEN	- arterio Seleroses Unl
<b>=</b>  -	14. BIRTHPLACE (city or town) Charles Cr.	Name of Assorbing
E	(State or country)	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
띮	15. MAIDEN NAME Marie I J. Yfall	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:
OTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Σ	(State or country) Yal.	Where did injury occur?
17. 1	NFORMANT Mrs & f. Vwner- (Address) Backsmel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. E	Place Trinky Cur Cortex a Date Mary 37193	7 Manner of Injury
	Place Miny In Amer of Date Miny 3/190/	Neture of injury
19. l	(Address) / Of Wymlay &	If so, specify
00 5	THEO March 27, 1937 Moulas Block	(Signed) marshale B west AM

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Example I	100	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AFF 2	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1 1			

M	ECord. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
V. S. No. 1 (S. No. 1) RGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

County Balto  Village or City Jury Mills Mills  Length of residence in city, or town where death occurred. 20 yrsmosds. How long to U.S. It of longing hirthyrsmosds. How long to U.S. It of longing hirthyrs	STATE C	F MARYLAND—	CERTIFICATE OF DEATH	2698
Village or City Ourng Mulls  Length of residence in city or town where death occurred 20 yrs	County Balto.		Registration Dist. No. 91	
2. FULL NAME Samuel & Males  (a) Residence: No. Many Mulls  (b) Residence: No. Many Mulls  St. Ward.  Homesident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIOOVED, OR DIVORCED (certifies word)  Market  Medical Certificate of Death  Market  Market  Medical Certificate  Medical Certificate	Village or City Owngs	(ii	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	amber)
(a) Residence: No. A way a multi- (Unad place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (emist he word) Or DIVORCED (emist he		11-1 12001	ds. How long In U.S. if of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  9. SINGLE, MARIED, WIDOWED, OR DIVORCED (servicthe word)  19. In partied, vidowed, or giverced HUSBAND of Color of the colo	2. FULL NAME Samuel	D'Uhler		
3. SEX  4. COLOR OR RACE OR DIVORCED Coming the word) Mole Of pitch Of pitch Or DIVORCED Coming the word) Month Or Divorced MUSAND of Month Or Or DIVORCED Coming the word) Married, widowed, or divorced HUSAND of Month Or Or Wife of Month Or Or Wife of Month Or Or Wife of Month Or Wife of Work done as SINNER, SAWYER, BOOKKEPER, etc. S. Industry of business in which work was done, as SIN MILL, S. MANUEL OF DEATH and related causes of importance were a graillows.  Other Cestribatory Causes of importance:  It. BIRTHPLACE (city or town) Other Cestribatory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Other Contributory Causes of importance:  It. BIRTHPLACE (city or town) Other Contributory Other Contribu	(a) Residence: No. Qurn	X-J	If nonresident give city or town and S	itate
Male Office ON March (Nonth) (Day) (Year)  5a. It married, vidowed, or divorced HISSAND (Day) (Year)  19. DATE OF BIRTH (month, day, and year) (Month) (Day)  5. DATE OF BIRTH (month, day, and year) (Month) (Day)  1. AGE Years Mooth Days It LESS than 1 Ids. Share and the date stated above, at. L. Q. A.m.  1. AGE Years Mooth Days It LESS than 1 Ids. Share and the date stated above, at. L. Q. A.m.  1. Trade, profession, or particular Prince of of ward done, as SPINNER, SAVER BOOKEEPER, etc.  SAVER BOOKEEPER, etc.  1. D. Date deceased last worked at this occupation (month and post and this occupation (month and post and this occupation) (State or country)  12. BIRTHPLACE (city or town) And Company (State or country)  13. NAME AND				
HUSBAND OF COUNTY WIFE OF PART I FV. That I attended deceased from the Country of	Mole Offite	OR DIVORCED (write the word)	march 5	200.30.0000
6. DATE OF BIRTH (month, day, and year) (M 22 / 863  7. AGE Vears Months Days If LESS than I day,	HITCHAND OF ALL O	ther	22, I HEREBY CERTIFY. That I attended d	
7. AGE  Years  7. AGE  Years  7. AGE  Years  7. AGE  Years  7. AGE  7. AGE  Years	6. DATE OF BIRTH (month, day, and year)	W 22 1863		death is said
R. Trade, profession, or particular mode of the profession of particular mode of work done as SPINNER, SAWYER, BOOKKEPER, etc.  9, Industry or business in which way were done as SILK MILL, Fabour SAWYER, BOOKKEPER, etc.  10. Date decessed last worked at this occupation (month and spent in this occupation (month and spent in this occupation (month and spent in this occupation) (State or country)  11. BIRTHPLACE (city or town)		Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Data al annat
12. BIRTHPLACE (city or town) Falls CS (State or country)  13. NAME andreo I Male  14. BIRTHPLACE (city or town) May (State or country)  15. MAIDEN NAME May Pyland  16. BIRTHPLACE (city or town) May (State or country)  17. INFORMANT Mes Ruth C. While (Address) Owings Mulls Mill  18. BURIAL, CREMATION, OR REMOVAL Place Labury M. E. Date Mauhs, 1937  19. UNDERTAKER (Address) Faisturations of deceased?  18. Undertaker (Address) Faisturations May (Signess) Accidence or injury in any way related to occupation of deceased?  18. Occupation  Other Contributory Causes of importance:  Other Contributory  What est confirmed diagnosis?  Was there an autopsy? Let and other confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsy? Let and other confirmed diagnosis?  Other Contributory  What test confirmed diagnosis?  Out of the contributory  What test confirmed diagnosis?  Out of the country of the contributory  What test confirmed diagnosis?  Out of the country of the contributory  What test confirmed diagnosis?  Nate of contributory  Out of the contributory  Other Contributory  Out of th	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			D218 01 011861
12. BIRTHPLACE (city or town) Falts Cs (State or country)  13. NAME andreo I Male  14. BIRTHPLACE (city or town) May (State or country)  15. MAIDEN NAME May Pyland  16. BIRTHPLACE (city or town) May (State or country)  17. INFORMANT Mes Ruth C. While (Address) Owings Mulls Mile  18. BURIAL, CREMATION, OR REMOVAL Place Labury M. E. Date Mauhs, 1937  19. UNDERTAKER (Address) Faisturations of Marker (Address) Faisturations Mile  18. Occupation  Other Contributory Causes of importance:  Other Contributory  Other Contributo	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	about	Nephrilis	2
12. BIRTHPLACE (city or town) (State or country)  13. NAME Andrew Make Make Make Make Make Make Make Make	- I time occupation (months and	11. Total time (years) spent In this occupation		
14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Manner of operation  What test confirmed diagnosis?  Was there an autopsy? Let  23. If death was due to external causes (VIOLENCE) fill in also tha foliowing:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Date  Manner of injury  Nature of Injury		7 Co	Other Centributery Causes of Importance:	
What test confirmed diagnosis? Was there an autopsy? Less 15. MAIDEN NAME May Ryland  16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury, 19  17. INFORMANT Mus Ruth C. While Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Owing Mulls Mail Place Lessury M. E. Date Mauch 19. 19. UNDERTAKER (Address) Further states or injury in any way related to occupation of deceased?  19. UNDERTAKER (Address) Further states or injury in any way related to occupation of deceased?  20. FILED March 3 19.32 Wm & Manter of injury M. D. (Signes) March 19. 19. 19. 19. 19. 19. 20. FILED March 19. 19. 20. FILED March 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	13. NAME andrew 1	Whler		
What test confirmed diagnosis? Was there an autopsy? Dec What test confirmed diagnosis? Was there an autopsy? Dec What test confirmed diagnosis? Was there an autopsy? Dec What test confirmed diagnosis? Was there an autopsy? Dec What test confirmed diagnosis? Was there an autopsy? Dec Was the following:  Accident, suicide, or homicide? Det of injury occur?  (Specify city or town, county and State)  Specify whether injury occur?  (Specify city or town, county and State)  Specify whether injury occur?  Manner of injury Dec Was did injury occur?  Nature of injury in any way related to occupation of deceased?  If so, specify in any way related to occupation of deceased?  If so, specify in any way related to occupation of deceased?  If so, specify in any way related to occupation of deceased?  (Signey Decease or injury in any way related to occupation of deceased?  (Signey Decease or injury in any way related to occupation of deceased?  (Signey Decease or injury in any way related to occupation of deceased?	H 14 SUBTURI ACT (Six and Asset)	1	Name of operation Date of	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?  Date of injury  Whera dld injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Manner of Man	(State or country)	9:		topsy? To
(Specify city or town, county and State)  17. INFORMANT Mus Ruth C. While  (Address) Owing Miells MM  18. BURIAL, CREMATION, OR REMOVAL Place Usbury M. E. Date Maichs, 1937  19. UNDERTAKER (Address) Furstustour MM  20. FILED March 3- 1932 Wm & Martin  Whera did injury occur?  (Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  Nanner of injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) March 3- 1932 Wm & M. D.	15. MAIDEN NAME Mary	Ryland	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
17. INFORMANT Mis Veich C. Tapiler  (Address) Owing Mills MMd  18. BURIAL, CREMATION, OR REMOVAL Place Usbury M E. Date March S., 1937  19. UNDERTAKER (Address) Justistium MMd  20. FILED March S., 1937 Wm E Martin  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) March S., 1932 Wm E Martin  M. D.	State or country)	Md-	Whera dld injury occur?	
Place Asbury M E. Date March 1937  19. UNDERTAKER J. S.		Alpher ells md		
(Address) (Rustustour Mrd If so, specify 1 (Signes) Mrs. 20, FILED March 5-, 1932 Wm & martin (Signes) Mrs. 2, Illastus M.D.	1 (b. lung in 1M)	Date Marchs , 1937		
20. FILED March 5- 1932 Wm & martin (Signed Mary M.D.		I sons		
	20. FILED March 3-, 19 32 W		(Signes) Mary Martin	m.d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1, 2015
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
TEAU V. S.			
Other contributory causes of importance:	0.00	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE	OF	MARVI AND-	-CERTIFICATE	OF	DEATH
SIMIC	UF	MARILAND	CERTIFICATE	. Ur	DEALD

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1. PLACE OF DEATH .	<u> </u>		
County Ballimore.	Registration Dist. No. 44		
Village or City lukuron .	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where deeth occurredyrs,mos	sds. How long in U.S. it of foreign birth?yrsmosds.		
2. FULL NAME Unknown	If U. S. Veteran, specify WAR		
(a) Residence: No. (Found alead me woo (Usual place of abode)	As St., Ne award. Black Creek.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH frotable.  (Month)  (Dev)  (Ceer)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from		
6. DATE OF BIRTH (month, day, end yeer) Probably have 8, 1937  7. AGE  Years  Months  Jays  If LESS than 1 day,hrs.	t last saw h alive on, 19, 19; death is said to heve occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede profession or perticular	Semature (6 700) Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and			
O 10. Date deceased lest worked at this occupation (month and yeer)	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Mukeuouv (Stete or country)			
13. NAME UNKUDIOU			
14. BIRTHPLACE (city or town)(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME UNECON	23. If deeth was due to externel causes (VIDL ENCE) fill in also the following:		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury, 19  Where did injury occur?		
17. INFORMANT Officer John & Jouhennell (Address) Ssex Falice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Selas Dete 3/12, 1937	Manner of injury		
19. UNDERTAKER John S. Connelly (Address) Cools Duck Just J	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 3/12, 19 37 John S. Cennell Registrar	(Signed formed a Foreke (orone M. D.  (Address) Edgemen Balto 6 md		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info	HIS	IS A PL	CKMANENT	RECORD. Every	item of infe
ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	be s	stated E	XACTL	7. PHYSICIANS	should sta
AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	be p	roperly	classified.	Exact statement	of OCCUP.
10N is very important. See instructions on back of certificate.	of ce	ertificate	ei ei	/	

. 0 .

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. asauch Sandowsky (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. /3 ds. How long In U.S. If of foreign birth?\_\_\_\_\_yrs.\_ If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) Sula (Day) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceesed from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the dete stated above, at 11:35 A\_m. Months If LESS than 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Oate of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 11. Total time (yeers) this occupation (mogth and spent in this 4 yeer) \_\_ December. mos. occupation \_. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_\_\_. (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury In eny way related to occupation of deceased? \_\_\_\_\_\_\_ If so, specify 20. FILEO ... (Address) \_\_\_\_\_/// To / Selliaus. Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 6,1927	Peritonitis	3 days ago
Lacket V.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Baltemore	Registration Dist. No. 30
Village or City alberton, Wel	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Pussell Ital Horn	
100	If U. S. Veteran, specify WAR
(a) Residence: No. Celler (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (prize the word)	21. DATE OF DEATH  Ward 24  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 5 cpt, 11, 1916 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et
8 Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation / 724	Sun Shot wound of Head  (Usuden Chin out tof of Head)  Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  CE   CE   CE   CE   CE   CE   CE   CE	ox In w Leeber
13. NAME John Van Harn  14. BIRTHPLACE (city or town) (State or country)  W. Jan.	Name of operation Date of Whet test confirmed diagnosis? Examination Was there an autopsy?
15. MAIDEN NAME Valle Kitchen  16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did Injury occur?
17. INFORMANT Ly 14 Stanley (Address) Hamilton, Var.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Laura Lown W. Japane Man: 24, 1937	Manner of injury Seem Shot wound of Head Nature of injury Seem Shot wound of Head
19. UNDERTAKER T Any unbothous Tr (Address) Cerusull Orly med	24. Was disease or Injury in any way related to occupetion of deceased?
20. FILED march 25, 1937 Translate a beat Registrar.	(Signed) heavelall B west M.D.  (Address) Catoursella MD.
If more blanks are model add as San B. i.e.	N.C. J. C P.L. P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
4045		
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
3	y5,1927	Other contributory causes of importance:

			JF MAK	KYLAND—	CERTIFICATE	OF DEA	TH U	2102
1	. PLACE OF DEA	timore			(82-a)			18
	County					Registration	Dist. No.	3.0
	Village or City	Towson			No. 9 East Jop	pa Road	St.,	Ward
71				yrsmos	No. 7 Mass 0 00p f death occurred in a horpital or institu s	ution, give its NAMI of foreign birth?	E instead of street and	d number) mosds.
2				Van Horn				
	(a) Residence: No.	9 East	Joppa R (Usual place		ong Md. Ward.	If nonresident	give cily or town as	ad State
	PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. S	male 4. cold	or or race white	OR DIVORCE	RRIED, WIO OWEO, ED (write the word)	21. DATE OF DEATH		23	
-	If married, widowed, or div		1 Mosa	1104		(Month)	(Day)	(Year)
Lavinia C. Van Horn					22. april HEREBY		Y. That I attende	
6. DATE OF BIRTH (month, day, and year) Apr. 16, 1861					I last saw h. A. aliva on			
7. AGE Years Months Days If LESS than				to have occurred on the date state			, ucatii is said	
	75	1.1	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related caus	es of importance	
-	.8. Trade, profession, or p		•	ormin.	were as follows:	1-1		Cate of onset
NO	kind of work done	, as SPINNER, P	etired	nalice	Chrom Mys	carain,		1930
F	Industry or business I	n which	finer	P-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	munscun	ns		1928
UP	9: Industry or business I work was done, as SAW MILL, BANK,	SILK MILL,	1.1.001					
OCCUPATION	18 Date deceased last we	privat at		time (years)				
0	this occupation (mo	onth a 10929	sp:	time (years) over	na			
		Mowas		25 9	Other Coutributory Causes of impo	ortance:		
12.	BIRTHPLACE (city or town	) Towso:			angun Stil	m		1937
~	(State or country)		Md.		0			
EF	13. NAME W111	iam Van	Horn					
FATHER	14. BIRTHPLACE (city or t	own) To	wson,		Name of operation		Oata of	1
14	(State or country)			Md	What test confirmed diagnosis?(	Charle hidy	Was there an	7
ER	15. MAIDEN NAME S	ophronia	a Webb		23. If death was due to external cau	-		
MOTHER	16. BIRTHPLACE (city or t	7 7 17 17 17 17 17 17 17 17 17 17 17 17		ntse	Accident, suicide, or homicide?			
N N	(State or country)		DIA UDIL	D_		************	rate of injury	, 19
				- Ele-	Where did injury occur?	(Specify city or	town, county and St	ate)
17.	(Address) To	rroll Wason, Md	n Horn		Specify whether injury occurred in	n INOUSTRY, in HO	ME, or In PUBLIC P	LACE.
18.	BURIAL, CREMATION, OR		J 36	l. OF 75	Manner of injury			
	PlaceProspec	T.HLLL.	em. Ma.	ren 25, 57	Nature of injury			
19.	UNDERTAKER John (Address) 1318	J. Fahe Light	ey & Son	ns timore	24. Was diseasa or injury In any w	ay related to occupa	ition of deceasad?	n-
20.	FILED March 25,	1937 W. Ca	arroll	an Horn	(Signed) W · W	Sherita	hop-	M. D.
		- ebn.	y Loca	Registrar.				
		IJ more	vianks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Re	questing V. S. No.	Z.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- APR 8 1931			
		b	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. certificate. FOR RGIN RESERVED AGE should be pe See instructions on back of mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may very important. TION IS

		ST	ATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	2703
:	1. PLACE O	F DEATH	H			92-03	
	CountyI			_		Registration Dist. No. 4	
	Village or C	ity Rasp	eburg			No. 7521 Belair Road St., death occurred in a hospital or institution, give its NAME instead of street as	Ward
	Length of resi	dence In city	or town where d	leeth occurred	yrsmos	death occurred in a hospital or institution, give its NAIVIE instead of street at	mosds.
	2. FULL NA	ME Joh	nn L. Va	vrina		If U. S. Veteran, specify WAR	
1	(a) Residen	ce: No	521 Bel	air Road (Usualplac		St., Ward.  If nonresident give city or town a	
Z	PERSON	AL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX Male	4. COLOR			RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  March 3rd  (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Vavrina						22. I HEREBY CERTIFY, That I ettend  NOT 24 1966, to Wash 3	
6. DATE OF BFRTH (month, day, end year) July 4th, 1881						I last saw h alive on Warch 2 193	2; death is said
7. AGE Yeers Months Days If LESS than				1	If LESS than	to have occurred on the date stated above, et_2:3Q_A_MM.	
	55 7 29 1 day,hrs.					The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
OCCUPATION	SAWYER, S. Industry or work was	S. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEFER, etc Printer  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				chrown hup carallis	11/34/36
000	10. Date decease this occu yeer)	ed last worke petion (month Marck	and	SP	time (years) ent in this cupation32	Carterio - S cleioristis)	J y y
12	. BfRTHPLACE (ci		Chic	ago.		Other Contributary Causes of importance:	2/11/22
ER	13. NAME 1	Unknowr	1			og ujacome-p	11737
FATHER	14. BIRTHPLACE (State or			lown iknown		Name of operation Date of What test confirmed diagnosis?	7//
ER	15. MAIDEN NA	me Mar	ry Sima			23. If death wes due to external causes (VIOLENCE) fill In elso the follow	
MOTHER	16. BIRTHPLACE (Stete or	(city or town country)		mown Inknown		Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17	. INFORMANT (Address)		Emma Vav Belair			(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18	BURIAL, CREMAT	ION, OR REM	IOVAL			Manner of injury	
_	PiaceO.B.	k_Hill_	Cometer	y_DateMe.1	6th, 19 37	Nature of injury	
19	O. UNDERTAKER (Address)	Freder 7401	Belair F	coad l	w O	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	710-
20	, FILED 3/4	, 19	32 5.	a tut	M.J. Registrar.	(Signed) Louis 1. Xuuumu (Address) 7.2. No. Kouum	ron aus

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Fuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02704
1	. PLACE OF DEATH	
7	,	Registration Dist. No. 30
	Village or City Catonsville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 60 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME Trank Vierengel	If U.S. Veteran specify WAR.
	(a) Residence: No. Laurel Hill Lane	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MANUEL 6
	Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Late Veronica Dauber Vieren	HEREBY CERTIFY, That I attended deceased from
6. 1	DATE OF BIRTH (month, day, and year) June 5. 1856.	I last saw h 444 alive on 3/6 1937; deeth is sald
	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, and the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year)  BIRTHPLACE (city or town) (State or country)  13. NAME  Vierengel	Chronic Clutesatian replisation 3 yes With hypertension 3 yes They oran dial hypertrophy 5 yes Other Contributory Causes of importance: RN Christopher Christopher 14 dy
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis?
MOTHER 12	15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Germany  (State or country) Germany  INFORMANT Frank Vierengel	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18.	(Address) Germany BURIAL, CREMATION, OR REMOVAL	Manner of Injury
-	Place New Sthedral pate March 9, 19 3  UNDERTAKER (Address) 4101 Adayona son Ave,  FILED 3/9 19 Registrar.  If more black of the Registrar.	Nature of Injury  24. Was disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)

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Example I		Example II .	
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Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis APR 2 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

or. A.

Ward umber)
sds.
State
193 7 (Year)
deceased from
; death is said
Date of onset
Morel 8
1935
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utopsy? 22 p
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis 455 7 1097	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUDFAU V. S.	The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATHA	925
County Baltimore	Registration Dist. No.
Village Dr City Timorium	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs2mos.	
2. FULL NAME trank Brown Ward I	No Glor Vet.
(a) Residence: No. Tummun ((Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (faring the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	,
(or) WIFE of	22. TIPHEREBY CERTIFY. Thet I ettended deceased from
5. DATE OF BIRTH (month, dev. and veer) Oct 15, 1923	last saw him alive on March 1937.
6. DATE OF BIRTH (month, dey, and yeer) 15, 1923 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1.41 A.m.
1 3 /L . 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
8. Trade, profession, or particular	were as to lowe: Oate of opport
kind of work done, as SPINNER, Share to SAWYER, BOOKKEEPER, etc.	Pyelo-nephitis ocute. 2/27/27
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Bunchopulimona 2/25/57
1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dither Courtibutory Causes of importance:
(State or country) A Brotto - Co. 1	1.16[.3/
13. NAME Frank Brown Ward	
14. BIRTHPLACE (city or town) Calcut Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clinical was there an eulopsy? Re.
15. MAIDEN NAME Slady May Suffith	23. If death was due to external causes (VIDL ENCE) fill in elso the following: 45
16. BIRTHPLACE (city or town) Come and Co	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Prospect Hill Date March 2, 19.37	Nature of injury
9. UNDERTAKER John Burns your	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Towan Ma.	If so, specify R
DE FILED Marsh 4, 19 William J. Will coats.	(Signed) Julian G. Jugan M. D.  (Address) Towards M.J.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 wcek ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		fla Min	- 2
Other contributory causes of importance:		Other contributory causes of importance:	· · · · · · · · · · · · · · · · · · ·
Gallstones	May 1,1923	Gastroenteritis	1 year
		À.	
			and

RGIN RESERVED FOR BINDING - WITH UNFADING INK—THIS IS A PERMANENT RECO

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH should County Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? PHYSICIAN If U. S. Veteran, specify WAR, (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) W Lelour (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EX 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months If LESS than 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 11 or .... min. Oate of ogset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, pe SAWYER, BOOKKEEPER, etc.\_\_\_ back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this occupation 50 instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: CAUSE OF DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) mation should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
May 1,1923	Gastroenteritis	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

MALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.-WRITEPEL

V. S. No. 1

1. PLACE OF DEATH	(2)
County Ballinore	Registration Dist. No.
Village or City humdals C	NoSt.,War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Phlliano, Jacob 7	If U.S. Veteran specify WAR
(a) Residence: No. 48 admiral Bl	del. St., Ward.
(Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA	
SEX  4. COLOR OR RACE OR DEVORCED Surite  Surale	
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro October 262, 1936, to Morel 302, 1937
DATE OF BIRTH (month, day, and year) Mrv. 24-18	82 I lest sew him alive on March 30th, 197; death is sa
AGE Years Months Deys If	ESS than to have occurred on the date stated above, at/_Pm.
576 16 16 1 dey	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 / 1 - 101	min. were as follows: Date of one
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc	Cordio-Kascular-Renal
kind of work done, es SPINNER, SAWYER, BDDKKEFPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and	dis. E Hypertensian 1935
To: Date decesed lest worked at this occupetion (month and spant In this occupation coupation occupation	
Makanaa.	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) // // // (State or country)	
13. NAME Soseph Nerts	
11100	Name of operation Date of
(State or country)	What test confirmed diagnosis Pl - L fal . St u Was there an au'opsy?
15. MAIDEN NAME Mary O Suster	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) Stew Unit	Where did injury occur?
7. INFORMANT MASS Justice Granger (Address) 48 admiral Bland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place Societa Date 4	Manner of injury
9. UNDERTAKER John G. Commelle	24. Was disease or injury in eny way releted to occupation of deceased?
(Address) / Bosex and .	If so, specify  (Signed)  (Signed)  M.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 3 1931	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

			F MAR	YLAND-	CERTIFICATE OF DEATH	
13	1. PLACE OF DEAT	TH.			107-00	02703
	County Dal	10,			Registration Dist. No.	38
	Village Dr City Length of residence Incit	W or town where des	w M		No	
1:	2. FULL NAME (a) Residence: No. 4	ames 405 Co.P	Enn G	lliam.	ds. How long in U.S. if of foreign blrth?yrs.  Ward.	
-	PERSONAL ANI	D STATISTIC	(Usual place of		If nonresident give city of MEDICAL CERTIFICATE OF D	
3.			S. SINGLE, MARK	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH (Month) (Day	, 193 7
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	oline	IN Tell	ams	22. HEREBY CERTIFY. That	I attended deceased
	DATE OF BIRTH (month, day,	, and year) //-	22-18 Days	68 If LESS than	I last saw h alive on 2 3 to have occurred on the date stated above, at 5:30 m	, 19.3 7 ; death i
	8. Trade, profession, or par	4		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Impol were as follows:	tance Date of
PATION	kind of work done, a SAWYER, BODKKEEP	PER, etc	mste	V	Brulero Vreenin	u /le
occni	work was done, as SI SAW MILL, BANK, et 10. Date deceased last work this occupation (moni- year)	ked at	11. Total tir	ne (years) tin this		19
12.	BIRTHPLACE (city or town) (State or country)	West In	osela	end	Other Contributory Causes of importance:	
THER	13. NAME Phillip	ip IN	llian	ns		
FAT	14. BIRTHPLACE (city or tow (State or county)	vn)		Ta	Name of operation Wat test confirmed diagnosis? Wat	
1ER	15. MAIDEN NAME	llia)	olins	on	23. If death was due to external causes (ViOLENCE) fill in elso th	
MOTH	16. BIRTHPLACE (cby or tow (State or country)	vn)		0,	Accident, suicide, or homicide? Date of inju	
	INFORMANT COUNTY)  (Address) 40 3 9	lina }	Kille	ans	Where did injury occur?(Specify city or town, courselfy whether injury occurred in INDUSTRY, in HOME, or in I	nty and State) PUBLIC PLACE.
18.	BURIAL, CREMATION, OR RE	TREST	Date 3 - 2	6-,1937	Manner of injury	
19.	UNDERTAKER BY AND (Address)	than	gry St	Ballo Jen	24, Was disease or injury in any way related to occupation of de	ceased? (w
20.	FILED 3/76 1	37 LIL	Walls (	Registrar.	(Address) 23 29	1 P.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributor causes of importance:	N COUNTY	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis 4	1 year	
		A STATE OF THE STA	4	
		0 37,	**	
		71		

Important.

ż

1 PLACE OF DEATH of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See Instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

Joch Rarav (No. Valley

[if death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

Florence Letita Welson

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Renale White (Write the word)	DATE OF DEATH MARCH 19 ,1987
TAGE SOCCUPATION (a) Trade, profession, or	that I last saw h. L.V. alive on
(b) General neture of Industry, business, or establishment in which employed (or employer)	Dragnosis made 6 mas aqu (Duration) yrs mos ds.
10 NAME OF FATHER Samuel Hartman  11 BIRTHPLACE OF FATHER (State or country) Hagerstown Ind  12 MAIDEN OF MOTHER  OF MOTHER	(Signed)  *State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, If not at place of death?
(Address) Frets Rapin Vally 1866, 1987 John B. Connelly Registrate	19 PLACE OF BUSTAL, OR REMOTAL  DATE OF BUSTAL  ON ATTACHET  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regist	Hundel Pipper 1400 frustill

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," "Forcman," As examples: (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic coretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., Carcinterm for the same disease. Examples: Ccrebrospinal ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the miseasing Typhoid fever (never report "Typhoid

> nant neoplasms); Mcasles; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For Vio-

ence tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before-

the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECO properly classified. RGIN RESERVED FOR BINDING AGE should be pe mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLANLY,

V. S. No. 1

certificate.

TION is very Important. See instructions on back of

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(28)
County Ballemore	Registration Dist, No. 44
Village or City teolgate	No. Costlera ( St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of infiduous, give its INAINE lastead of street and number) ds. How long in U.S. if of foreign birth?mssds.
2. FULL NAME John Whise Ja.	If U. S. Veteran, specify WAR
(a) Residence: No. Eastern Off Rd.	St. Ward. Colgate
(Usuatplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ia. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Q.l18- 1072	
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
63 8 4 10 1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trede profession or particular And	Date of oneso
SAWYER, BOOKKEEPER, atc. Malchinan	1 1 1 1
kind of work done, as SPINNER, falching SAWYER, BOOKKEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month end spant in this	Ucute Cardiac Tailure
To Data deceased last worked at this occupation (month end spant in this	Claimany Course Chronic myocarditis
this occupation (month end spant in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Balto teo	Office Country Courts of Importance.
(State or country)	
13. NAME TOWN WEST.	
f4. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
(State of Country)	Whet test confirmed diagnosis?
15. MAIOEN NAME Unknings	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
f6. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
17. INFORMANTINO Meany M. Hendrickgonfointer	Where did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Galfau CuE Ad	Manage of Injury
Place Oak Janu Date 3/3/,1937	Menner of Injury
the D Consolle	24. Was disease or injury in eny way related to occupetion of deceased?
19. UNDERTAKER (Address) Casel Mull	If so, specify . 7
3/30 37 00 9 18 10000	(Signed) Fred W horning M.
20. FILED 19 Registrár.	(Address) October Gentrer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis ADD 7 1937	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(191)	
CountyE	Balti more			Registration Dist. No.	43 .
	city Raspeburg	e death occurred	(li yrsmos	No. Dale Avenue    death occurred in a horpital or institution, give its NAME instead of a   death occurred in a horpital or institution, give its NAME instead of a   death occurred in a horpital or institution, give its NAME instead of a	St., Ward
2. FULL NA	ME John H.	Wiseman		If U. S. Veteran, specify WAR	
			ourg. Md.	St., Ward.  If nonresident give oily or	
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March 7th  (Month) (Day)	, 193.7 (Year)
5a. If married, widow HUSBANO of (or) WIFE of	wed, or divorced  Kate Wisema	an.		22. Jef L. 1937, to Market	ettended deceased from
6. DATE OF BIRTH	(month, day, and year)	Jan. 4th,	1861		, 19_3.7.; deeth is sel
	ars Months 76 2	Deys 3	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 11:50 ml. In PRINCIPAL CAUSE OF DEATH and related causes of Imported were as follows:	
O 10. Date deceas		11 Total f	time (years) int in this upation 35	Other Contributory Causes of importence:	
13. NAME JO	ohn F. Wiseman	n.		C. C. C. Surano	
4 14. BIRTHPLAC	E (city or town) Bal;			Name of operation	Dete of
16. BIRTHPLACE (State of the control	E (city or town) Bal r country) Md.	to.,		23. If death wes due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injur Where did injury occur?(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pt	y and State)
(Address) 18. BURIAL, CREMA Place_Mt.	Dale Ave., Gon, or REMOVAL Carmel Com.			Manner of injury	
19. UNDERTAKER (Address)	Fuduil Las 7401 Belair		m) /	24. Wes disease or injury in eny way related to occupation of dece If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ADD 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WEIGHT ART V. S.	July 5,1927	Peritonitis .	3 days ago	
	The state of the s	1			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	


PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02713
1. PLACE OF DEATH	53B
County Ballimore	Registration Dist. No. 61
Village or City monkton hil	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Sarah Dean	Wisner
(a) Residence: No. honkton, how	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE Consider the word of the widowed, or divorced  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If married, widowed, or divorced	21. DATE OF DEATH  MAN  (Month)  Q  (Day)  (Year)
(or) WIFE of Lews V. Wiener	22. I HEREBY CERTIFY, Thet I ettended deceesed from 19 36, to 19 27
6. DATE OF BIRTH (month, day, and year) Tel. 19 1856	I last saw h_ ef_ alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_/m.
8/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Caremona of bladder
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupetion (month and yeer)	
12. BIRTHPLACE (city or town) I Lopewall Co	Other Contributory Causes of importance:
(State or country)	
13. NAME Pufus Gordon	
13. NAME OLIFON SOULON 14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there en eutopsy?_532
15. MAIDEN NAME Many any Bell	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Man Sell  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
≤ (State or country)	Where did injury occur?
17. INFORMANT has than a walter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GERMATION, OR REMOVAL Place M. Dete Cypil 2, 19.3	Manner of injury
19. UNDERTAKER P. Meurbeling Los (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Que 1 et , 19 39 m Routers m 20 Registrar.	(Signed) A. M. Trance M. D. (Address) Parleton, my
V	YOUR DESCRIPTION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Arterioselerosis		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 7 1937				
Other contributory causes of importance: 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY.—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING

1 PLACE OF DE	STATE U	F MAKILAND	-CERTIFICATE OF DEATH 02714
1. PLACE OF DE	18 1	7	93-6
County	Jan	76	Registration Dist. No. 42
Village or City	fun	done	No. 3 To St., War
Langth of residence is	city or lown where d	eath assured	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	N	eath occurredyrs,	nosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME.	ruch	Jisher X	Vilghlam.
(a) Residence: No	27/8/	Tuilfurd as	St. Ward.
BEDCONAL	ND STATIST	(Usual plage of abode)	If nonresident give city or town and State
		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CO	LOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DI ORCED (write the word)	21. DATE OF DEATH / /2 7
themale 1	Mule	Angle	(Month) (Day) (Year)
5a. If married, widowed, or d HUSBANO of	ivorced		
(or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
D.180 ON D.	//	11/801	
6. DATE OF BIRTH (month, 7. AGE Years		71173	I last saw h alive on Cellan 3 m., 19; death is sa
. AGE Tears	Months /	Days If LESS than I day,hi	
42	10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as pollows:
8 Trade, profession, or	particular ne. as SPUNER		sudden death deed
SAWYER, BOOK	EEPER, OC.	repel 6	at wheel of automobile
SAWYER, BOOKH	SILK MILL K, etc	ela Salan	0 1 1 2.
fo Date deceased last this occupation (			apopley or
this occupation (	nonth and	ff. Total time (years) spant in this occupation	1 Cerebal in toles
10 4 )661/	~	1 Octupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or tow	n) Paul	and William	- Ag
(State or country)			- Myscardeal adgerates
13. NAME	nes of	Wagheloo	
14. BIRTHP CE (city or	town)	- 100	Name of operation Luguery Date of
(State or country	) Jul	to Wed	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	inne	Hechen	23. If death was due to external causes (VIOLENEE) fill in also the following:
f6. BIRTHPLACE (city or	town Star	Rue W	Accident, suicide, or homicide? Oate of injury
(State or country	) July	- Julian	Where did injury occur?
7,		i alliana	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT A	25 6	11 Silver	Superny which in Jury occurred in INJUSTRY, IN HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OF	REMOVAL	The stand	- your History The Garage
Place 382	old.	Date Mecal 15 1031	Manner of Injury granular of Will frace.
Fpi	volon y	7	Nature of Injury (seeing Coroner.
9. UNOERTAKER	glean X 4	ouces free	24. Was disease or injury In any way related to occupation of deceased?
(Address) 42	T 1/3 /3/	oudway	If so, specify
11/1-1/12	22 01	10.11	(Signed)
O. FILED MICH. 1.2.	. 19.1 11.0	L.V.M.L.V.Y Y N	1 adires Leede and realkers

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The transfer of the second of	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		3 4/8 2		

IENTS BY PHYSICIAN
48 1022

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eyery item of infor-RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAN	D—CERTIFICATE OF DEATH
1. PLACE OF DEATH	43
County (Balls, Loai	Registration Dist. No. 44
Village or City Essex	No. Source St., Wa (If death occurred in a hospital or ipenflution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 2 Dyrs.	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Il enrietta fahnt	se. or holaks. Yahnke
(a) Residence: No. Darsey Chi.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OB RACE 5. SINGLE, MARRIED, WIDON OR DIVORCED (write the w	
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Wolph Jahnhs	22. Jef. 27 1 HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year) May 28,-/	I last saw h. elive on
AGE Years Months Days If LESS	
12 0 or	The LKINCITAL CAUSE OF DEATH and Telated causes of fillbullance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	1 ton
work was done, as SILK MILL, as Howe	1736
10. Date deceased last worked at this occupation (month and spent in this	<i></i>
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME (WILL Bulsche 14. BIRTHPLACE (city or town) ly many	
14. BIRTHPLACE (city or town) Services (State or country)	Name of operation Date of What test confirmed diagnosis? Chin. Yeuley Was there an au'opsy?
15. MAIDEN NAME unknown	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Augustion (Address) 6 3 & Publishi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OF TEMOVAL	Menner of injury
Place Ot Paulo Date Mar 4	9.3 - Nature of injury
9. UNDERTAKER Sly & Zeiler for (Address) 403 3 M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/4/ , 193 7 John B. Connell	(Signed) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

/	-WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
1	y iter	Ssh	t of
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ARGIN RESERVED FOR BINDING	RMANE	XACT	classified
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ERVI	VK-T	plnous	it may
RES	ING II	AGE	o that
ARGIN	INFADI	pplied.	erms, se
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	WRITE	nation s	AUSE
		(mag	-

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	02716		
County Baltimore	Registration Dist. No. 40		
Village or City Ling Streen	Noting Streen Road St. Ward		
(/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?		
(a) Residence: No Long Green Road (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (cyric the word) Plante	21. DATE OF DEATH  March  (Month)  (Dey)  (Yeer)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lowis Morries Yoler	22. I HEREBY CERTIFY, Thet I attended decessed from much 9, 1936, to Much 22, 1937		
6. DATE OF BIRTH (month, day, end yeer) Que. 19th 1892	I lest saw he elive on much 22, 1932; deeth is seld		
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, at \$2.25 C2m.		
44 7 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:		
8. Trade, profession, or perticular kind of work done, as SPINNER, A Home SAWYER, BOOKKEEPER, etc.	Ersentral Hyplatenrum 1926?		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cleretral Hemorrage 3/22/37		
10. Date deceased last worked et this occupation (month end yeer)			
12. BIRTHPLACE (city or town) Parket Co. (State or country) Maket Cond	Other Contributory Causes of Importance;		
13. NAME Villiam St. Barnhardt			
14. BIRTHPLACE (city or town) Carroll Co. (Stete or country)	Neme of operation		
15. MAIDEN NAM Chil morning	Whet test confirmed diagnosis? Wes there en eutopsy? 23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:		
16. BIRTHPLACE (city or town) Carlot (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Cypis Morris Joder (Address) Xong Green Mind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OF REMOVAL Plece Milason M. E. Compet March 25, 1837	Menner of injury		
19. UNDERTAKER Trederick dousaby Jone (Address) 7401 Belair, Road	24. Was diseese or injury In any wey releted to occupation of deceesed? Pro		
20. FILED Moh 24, 1937 Walter M. Hammitt Registrar.	(Signed) Hury & Helly M.D.  (Address) Kingsviller and		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CHARLED OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dea of importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EMPINED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUR 5 1937	July 5,1927	Peritonitis	3 days ago
	GUDEAU V. S.	12		
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				EL LE HINE